



— education
the COOPERATIVE
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Project | SEARCH



NEWTON-WELLESLEY
HOSPITAL

Intern Application 2016-2017

Program Information:

Welcome and thank you for your interest in the TEC Project SEARCH Program at Newton-Wellesley Hospital (NWH). This program is designed for students who have a significant disability and who are committed to seeking competitive employment in the community. The ten-month school-to-work program features total immersion in a business setting through a series of rotations in various departments within a host business (Newton-Wellesley Hospital). It also includes instructional time for reinforcement of employment skills and career exploration opportunities – all while accessing on-site job coaching and accommodation design, as needed, to support the goal of independence. Students participate in Project SEARCH through The Education Cooperative (TEC), whose onsite vocational coordinator and special educator staff the program and guide the student's individual experience.

Host Business: Newton-Wellesley Hospital/Partners Healthcare

2016-2017 Program Capacity: 6-8 Students

Application Timeline:

[Due Date: June 10, 2016]

- Applications accepted – **February 23 to June 10, 2016**
- Applicant interviews scheduled – **upon receipt of application**
- Applicants notified of selection – **on or before July 1, 2016**
- IEPs/agreements written with affiliated school and team members – **April-July 2016**
- Program Coordinator and Instructor meet with interns and their families – **June 2016**
- Mandatory program orientation – **August 31-September 1, 2016**
- Program begins – **Tuesday September 6, 2016**

For more information contact:

Susan Donelan
Director of Student Services
The Education Cooperative
141 Mansion Drive, Suite 200
East Walpole, MA 02032
781-326-2473 x706 / sdonelan@tec-coop.org

Erin C. Sarkar
Program Coordinator
Project SEARCH
Newton-Wellesley Hospital
2014 Washington Street
Newton, MA 02465
781-752-6512 / esarkar@tec-coop.org

Participant Selection Criteria:

The fundamental goal of the TEC Project SEARCH Program is to help direct interns on their journey toward independence. A prospective intern must:

1. Have a strong desire and commitment to work competitively at the end of the TEC Project SEARCH Program.
2. Have significant barriers to competitive employment.
 - This program serves individuals with a range of abilities. Selection is not based on an education label or diagnosis. Rather, the selection committee endeavors to develop a cohort that is diverse in its abilities and will succeed in the program.
3. Be at least 17 years of age.
4. Be able to communicate effectively (may be other than verbal) and take direction from supervisors.
5. Be able to maintain appropriate behavior, social skills, good grooming, and personal hygiene in the workplace without immediate supervision.
 - Interns are supported in their rotations by instructors and job coaches. However, the expectation is that support fades as interns gain skills and confidence within a rotation. **A student requiring one-on-one support would not be a candidate for this program.**
6. Be willing to utilize (and train for, if necessary) public transportation to access TEC Project SEARCH and competitive employment.

Please Note: Our primary goal is to select students who will be successful in the TEC Project SEARCH Program and reach the outcome of competitive employment.

Application Purpose:

- Outline requirements for participation in the TEC Project SEARCH Program.
- Assist the TEC Project SEARCH Selection Committee* to properly assess each applicant's skills, abilities, interests, and background.

* **TEC Project SEARCH Selection Committee** – includes representatives from the following entities:

The Education Cooperative

Newton-Wellesley Hospital

Special Education Directors of TEC Member Districts

Application Guidelines:

- All students and their parents are encouraged to attend an information session (dates TBD).
- Please read this packet carefully before beginning the application and retain information pages preceding the application for future reference.
- Submit the completed application + all required documents (see **Application Checklist** section below) by June 10, 2016 (postmarked if by mail) to:

Susan Donelan
Director of Student Services
The Education Cooperative
141 Mansion Drive, Suite 200
East Walpole, MA 02032
781-326-2473 x706 / sdonelan@tec-coop.org

Please Note:

- If someone helps you complete the application, please make sure responses are written in your own words.
- A parent, student counselor, teacher, or employer may be contacted by the Selection Committee to gather additional information.

Application Packet Checklist:

The completed application and all required documents (see below) **must be submitted together** by **June 10, 2016** (postmarked if by mail) for the applicant to be considered for this program.

- Completed Application for Admission (pages 1-9)
- Current Individual Education Plan (IEP) including Transition Planning Form (TPF)
- Most Recent Evaluations
- Current Immunization Record
- Copy of Birth Certificate
- Applicant photo

Return completed packet to:

Susan Donelan
Director of Student Services
The Education Cooperative
141 Mansion Drive, Suite 200
East Walpole, MA 02032
781-326-2473 x706 / sdonelan@tec-coop.org

Offer of Acceptance Requirements:

If accepted to the program, interns are required to comply with the following upon acceptance:

- Submit completed Parent/Guardian/Support Person Survey
- Work with their Individualized Education Plan (IEP) team to revise their IEP for the 2016-2017 school year
- Register for the 2016-2017 school year with their home district
- Meet TEC enrollment requirements for the 2016-2017 school year including but not limited to completion/submission of:
 - TEC Student Registration Packet
 - Current Physical (dated within 1 year) & Immunization Record
 - Signed IEP Placement Page
 - Signed Student Acceptable Use Policy
- Meet requirements of Newton-Wellesley Hospital/Partners Healthcare including but not limited to completion/submission of:
 - NWH Volunteer Services Application
 - NWH Confidentiality and Non-Disclosure Agreement
 - Criminal Background Check to be completed by NWH
- Meet Newton-Wellesley Hospital/Partners Healthcare medical clearance requirements, including but not limited to:
 - Standard drug screen (a medication review will follow if results are positive)
 - Tuberculosis (TB) screening (skin test)
 - Proof of Immunity for Measles, Mumps, Rubella (MMR)
(This can be met through proof of immunizations (2) or positive titer results)
 - Chicken Pox (Varicella) questionnaire
 - Flu vaccine

Questions

For questions about the program or application process, please contact **Susan Donelan**:
sdonelan@tec-coop.org/781-326-2473 x706

Application for Admission



A. Applicant Information

Name _____
First Middle Last

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____

Email Address _____

School District _____ Current School _____

Date of Birth _____ Male Female (optional)

Own Guardian? Yes No

B. Parent/Guardian/Support Person Information

Parent/Guardian/Support Person 1 Relationship to Applicant? _____

Name _____
First Last

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian/Support Person 2 Relationship to Applicant? _____

Name _____
First Last

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____ Email _____



C. Permission for Release of Records

If the student is not his/her own guardian:

The student records concerning my son/daughter will be provided from the home school to The Education Cooperative for review by the TEC Project SEARCH Selection Committee*. Members from the Selection Committee will have access to student records, this application, information submitted with this application, information provided by school personnel, and may also speak with school personnel and/or other references about the applicant. By signing on this page, I agree that these individuals may review this information to inform the selection process.

If the student is his/her own guardian:

My student records will be provided from the home school to The Education Cooperative for review by the TEC Project SEARCH Selection Committee*. Members from the Selection Committee will have access to my student records, this application, information submitted with this application, information provided by school personnel, and may also speak with school personnel and/or other references about me. By signing on this page, I agree that these individuals may review this information to inform the selection process.

* TEC Project SEARCH Selection Committee Members

The Education Cooperative
Newton-Wellesley Hospital
Special Education Directors of TEC Member Districts

D. Equal Opportunity

It is the policy of The Education Cooperative not to discriminate on the basis of age, criminal records (inquiries only), disability, gender, gender identity, genetics, military status, national origin, race or color, religion, retaliation, or sexual orientation in its education programs, services, activities, or employment practices.

Student Signature: _____ Date: _____

Parent/Guardian
Signature (if applicable): _____ Date: _____

Future Employment Preferences and Background:

1. How do you want to be employed in the community upon completion of TEC Project SEARCH?
Full time Part time
2. Would you be willing to work evening shifts after completing TEC Project SEARCH?
Yes No
3. Would you be willing to work holidays and/or weekends?
Yes No
4. Do you plan to work during the school year, in addition to being in the TEC Project SEARCH Program?
Yes No Is yes, where? _____ How many days/hours? _____
5. Please list the jobs you do or have done in school or in the community, including volunteer positions and internships:

| | | | | |
|-------------------|--|------------------|--|---------------------------------|
| Employer: | | Supervisor Name: | | Paid <input type="checkbox"/> |
| Job Title: | | Contact Number: | | Unpaid <input type="checkbox"/> |
| Job Duties | | | | |
| 1. | | 3. | | |
| 2. | | 4. | | |

| | | | | |
|-------------------|--|------------------|--|---------------------------------|
| Employer: | | Supervisor Name: | | Paid <input type="checkbox"/> |
| Job Title: | | Contact Number: | | Unpaid <input type="checkbox"/> |
| Job Duties | | | | |
| 1. | | 3. | | |
| 2. | | 4. | | |

| | | | | |
|-------------------|--|------------------|--|---------------------------------|
| Employer: | | Supervisor Name: | | Paid <input type="checkbox"/> |
| Job Title: | | Contact Number: | | Unpaid <input type="checkbox"/> |
| Job Duties | | | | |
| 1. | | 3. | | |
| 2. | | 4. | | |

Future Employment Preference and Background Continued:

6. Have you ever been fired from a job?

Yes No If yes, please explain:

7. Have you ever quit a job?

Yes No If yes, please explain:

8. Have you ever had difficulty getting along with a supervisor or co-worker on a job?

Yes No If yes, please explain:

Service Agencies:

1. Do you have a Vocational Rehabilitation (VR) counselor?

Yes If yes, please include the name and phone# of your VR counselor:

No Name: _____ Phone #: _____

Not Sure

2. Are you eligible for services from the Division of Developmental Services (DDS)?

Yes If yes, please include the name and phone# of your support coordinator:

No Name: _____ Phone #: _____

Not Sure

3. Do you receive services from other agencies?

Yes If yes, please list agencies

No Agencies: _____

Not Sure

4. Do you receive Social Security Income (SSI) or Social Security Disability Insurance (SSDI)?

Yes No Not Sure

Participation in the Program:

The TEC Project SEARCH Program follows the schedule below, requiring interns to be at the business site for seven hours daily.

| TEC Project SEARCH Daily Schedule | |
|-----------------------------------|-------------------------|
| 8:00 am – 9:45 am | Classroom Instruction |
| 9:45 am – 10:00 am | Break |
| 10:00 am – 11:30 am | Rotation (morning) |
| 11:30 am – 12:00 pm | Lunch |
| 12:00 pm – 2:00 pm | Rotation (afternoon) |
| 2:00 pm – 2:30 pm | Meeting with instructor |

1. Are you able to participate following this schedule?

Yes No If no, please explain:

2. If you take medication during these hours, are you able to administer them on your own*?

Yes Not Applicable No If no, please explain:

*Self-Administration of medication must be approved by the student's physician and the TEC School Health Services Leader.

Meal Information: NWH provides volunteers who work more than three hours per day with a meal ticket worth \$6.00 that can be used in the cafeteria. Alternatively students may purchase food onsite or bring a lunch.

Transportation:

The primary purpose of the TEC Project SEARCH Program is to provide students the opportunity for solid career exploration while developing skills essential to obtaining competitive employment and achieving success. As such, this transition program encourages students to work towards independence, and that translates to feeling confident in managing transportation to and from work independently.

Transportation for this program is not provided by TEC. When a student is offered and accepts a placement in TEC Project SEARCH, it is critical that the team revise the student's IEP, explore transportation options and, if necessary, identify and access travel training resources.

Please check all that apply:

- I know how to use public transportation
 - I'm willing to learn to use public transportation
 - Transportation will be provided by my school district
 - I have a family member/other who is willing to provide on-going transportation
 - I am eligible for DDS (or other disability related) transportation assistance
 - Other transportation options: _____
-

Newton-Wellesley Hospital/Partners Healthcare Requirements:

NWH requires all student interns and volunteers to complete the following clearance process prior to the program start date. Instructions for completing the process and accompanying forms will be provided to the intern upon acceptance into the program.

- Complete and submit release authorization for criminal background check
- Complete and submit NWH Confidentiality and Non-Disclosure Agreement
- Submit NWH health clearance requirement documentation, including but not limited to the following:
 - Standard drug screen (*A medication review will follow if results are positive*)
 - Tuberculosis (TB) screening (*skin test*)
 - Proof of Immunity for Measles, Mumps, Rubella (MMR)
(*This can be met through proof of immunizations (2) or positive titer results*)
 - Chicken Pox (Varicella) questionnaire
 - Flu vaccine

Are you willing to comply with these requirements?

Yes No If no, please explain:

Student Response Question:

Why do you want to come to TEC Project SEARCH? (*Complete in your own words. If someone is helping you to write, ask that person to write the response using your own words. Additional space provided on next page, and you may also attach a separate sheet of paper.*)

Application for Admission



References:

Please list three (3) references whom we may call:

| | Name | Type of Reference | Phone Number | Email Address |
|----|-------------|-------------------------------------|---------------------|----------------------|
| 1. | | Family Reference | | |
| 2. | | School Reference | | |
| 3. | | Other Community or Agency Reference | | |

Application Completion:

The person assisting (if applicable) the student to complete this application is:

Name Title or Relationship to Applicant Date

Organization (if applicable) Phone Number Email Address

Intern Contract

I, _____, understand that if I am accepted into the TEC 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 unless I am hired for a competitive employment position prior to the end of the school year.
- I will attend the program every calendar day from 8:00 am – 2:30 pm, Monday through Friday.
- I will maintain appropriate behavior in the workplace without immediate supervision.
- I will dress appropriately and wear required attire.
 - Black Newton-Wellesley Hospital polo shirt, khaki pants, and closed toe shoes are required.
 - No fragrances are allowed at Newton-Wellesley Hospital.
- I will call my instructor and department supervisors when I am absent or tardy.
- I will make up any time missed due to unexcused absences.
- I will learn to use public transportation when available.
- I will follow all of the rules established by the program and host business.
- I will attend meetings with my parents, instructor, and host business staff.
- I will be an active participant and communicate any issues at our scheduled meetings.
- I will actively pursue employment upon completion of the program.

My goal is to achieve competitive employment in the community and I understand this goal to be the primary reason for acceptance into the program.

I have read the above terms and conditions and agree that if accepted to the program, I will abide by this contract.

Please check one: Intern is 18 years of age or older and **is** his/her own guardian.
 is 18 years of age or older and **is not** his/her own guardian.
 is less than 18 years of age and **is not** his/her own guardian.

Intern Signature

Date

Parent/Guardian Signature
(not required if student is his/her own guardian)

Date