



PARENT/STUDENT INFORMATION SHEET

Contact Information

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Program Description

Project LIFE is a comprehensive, multi-year transition program continuum for Super Seniors (ages 18-21), in which students can develop, practice and strengthen the skills that are high predictors of increased adult independence and successful integrated community employment.

The PROJECT LIFE MODEL

- Uses a leveled course of study and program model that meets the definition outlined in the Individuals with Disabilities Education Act (IDEA).
- Provides a comprehensive program that incorporates classroom activities, independent living skills, and community job site performance in a comprehensive data report.
- Utilizes Evidence Based Practices with documented positive employment outcomes and is endorsed by Project SEARCH.

Program Details

****Students are called Interns****

- The program is held during the school calendar year *except during snow days* and follows the Greene Co. ESC's school year calendar.
- Transportation to the program site at Wright State University will be provided by your local school district in Greene County and as determined by other districts outside Greene Co.
- Transportation to the various community job training sites during the school day is provided by Project LIFE staff via vans or public transportation.
- Interns are always under the direct supervision of Project LIFE staff but may have brief periods of unsupervised independent work.
- Interns are volunteers and will rotate training sites at least three times a year. All Department of Labor and Department of Education regulations will be upheld in regard to community job training site rules/regulations.
- Interns will "work" at a jobsite 3-4 days a week for approximately 2 hours a day. The rest of the day(s) will include classroom training on life and employment skills.
- Project LIFE staff perform ongoing evaluation of the intern's performance and work site satisfaction and two meetings are held during the school year to talk about their progress in the program.
- **UNIFORMS:** Interns must wear docker style pants in beige, navy, or black and closed toed shoes (not provided by Project LIFE). Intern will be provided Project LIFE shirts to wear that need to be returned at the end of the program.

Please fill out the following paperwork below and return to Kristin Brown ASAP.



2020-2021 APPLICATION	
Student Name:	DOB:
Student Address Street: City: State, Zip Code:	Date of student's 22nd birthday:
	Social Security #:
	Student Cell Number:
	Student Email:
Number of absences this year:	Associate School District:
Explain if needed:	Student shirt size:

Parent/Guardian Information	
Father:	Home Phone:
	Cell Phone:
	Email Address:
Mother:	Home Phone:
	Cell Phone:
	Email Address:

Legal Guardian Information		
Is the student his or her own guardian?:	YES	NO
Educational Needs and Goals:		
Will the student have all credits necessary to meet graduation requirements at the end of this academic year?	YES	NO
Has the student ever been placed on a behavioral plan while in high school? *If yes, please attach documentation:	YES	NO
Has the student ever been suspended/excluded/removed from high school?	YES	NO



If yes, please describe:		
Has the student received any job skills training in or out of school? *If yes, please describe.	YES	NO

Employment Needs and Goals:

What are the student's employment goals? Circle or write in:	Competitive Employment (full time or part time)	Volunteer Position	
Does the student have previous paid work experience <u>outside</u> of the school programming? Please list.	Yes	No	

Did the student receive job coaching or other support in previous jobs?	Yes	No
Does the student need frequent classroom/work breaks due to stress, or restroom needs?	Yes	No
Has the student ever been fired or quit a job? If yes, why?	Yes	No



List School Job Skills Training Experiences or Community Work Experience Below					
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Organization	Duties	Hours/Week	Supervisor	Phone #	Dates

Support Services		
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Is the student SSI or SSDI eligible?	Yes	No
Is the student signed up with Opportunities for Ohioans with Disabilities (BVR)? If so, who is their counselor?	Yes	No
Is the student signed up with Greene County Board of Developmental Disabilities? If so, who is their case manager?	Yes	No
Does the student have any other support services through the school? If so, please list service and names.	Yes	No

Medical History- * please include all up to date information					
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Please list student's medical and psychological diagnosis.
***If available, please attach documentation.**

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Does the student take medication on a regular basis? If yes, provide the details requested below:	Yes	No
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Medication	Purpose	Dosage Amount	Dosage Schedule	Prescribing Physician	Physician Phone #

Does the student have an Emergency Plan? (seizure plan, etc.)	Yes	No
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If yes, please attach documentation.		
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I agree to the release of all pertinent school and medical records to the Project LIFE Staff.

Student Signature _____

Date _____

Parent / Legal Guardian

Signature _____

Date _____



RELEASE AND WAIVER OF LIABILITY

My child, _____ (hereinafter "Student") is enrolled in a work training program through the Greene County Educational Service Center and has the opportunity to experience job training as part of the school curriculum. In consideration for this opportunity provided by the student through the Greene County E.S.C. and the community based vocational training site, I _____ (parent) do hereby release, discharge, and/or otherwise indemnify the Greene County E.S.C., its Board members, agents, and employees, and the community based vocational training site, its officers, agents, and employees, against any claim by or on behalf of Student as a result of Student's participation in career education courses through Greene County E.S.C. & the students "home" school. I recognize the possibility of physical injury associated with job training, and hereby agree to assume all the risk and responsibilities involving Student's participation in this activity or any other activity related thereto.

I acknowledge that I have read and understand the information contained in the Waiver of Liability.

Parent's Printed Name

Parent's Signature

Student's Name

Date

Department of Labor/Department of Education Regulations

I understand that my child/student will participate in a community-based vocational training program, a part of the IEP transition plan. I understand that the training experiences will take place at the community based training site during the school year and will be under the supervision of school staff and the Transition Coordinator from the Greene Co. ESC.

I also understand that these experiences are to increase my students' understanding of potential career opportunities and that he/she will not be providing services that are of direct benefit to the employer on the worksite, nor will he/she participate in any one work situation for more than 120 hours per school year. Because this is part of my student's educational program, he/she will not be paid.

I give permission for my student to participate in the community-based vocational training program as stated in the transition component of his/her IEP.

Parent or Guardian Signature

Date

Student Signature (if over 18)

Date



PARENTAL CONSENT FOR PICTURES/VIDEO

We are requesting your permission to take pictures and video of your student at the job skills training site and want to utilize these for training purposes.

____ I give my permission for photographs and/or video to be taken of my student.

____I prefer not to give my permission for photographs and/or video to be taken of my student.

Parent Signature_____

Date_____



RELEASE AND AUTHORIZATION TO PHOTOGRAPH/FILM/VIDEOTAPE

The undersigned does hereby authorize Mitsubishi Electric America Foundation to photograph, film and/or use and reproduce any film, videotape, still photographs and transparencies of _____ in its annual reports, newsletters, press releases and any other film, print or multi-media format.

The undersigned does hereby release Mitsubishi Electric America Foundation, its parent, affiliates and their assignees from any and all claims whatsoever arising out of, related to or based on the use of said material.

BY: _____
(Please Sign)

DATE _____
(Please Date)

NAME: _____ Title: Parent/Guardian/Self
(Please Print)



Emergency Medical Authorization

School District _____
 Student Name _____ Date of Birth _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Mother's /Guardian's Name _____
 Father's /Guardian's Name _____

Emergency Calling Order

Please list 3 names (including yourself) which you would prefer for us to call in case of emergency. Please put this list in the order that you would like us to contact.

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____

Complete Part 1 **OR** Part 2

Part 1- TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospitals to be called:

Physician _____ Phone _____
 Dentist _____ Phone _____
 Medical Specialist _____ Phone _____
 Local Hospital _____ Phone _____

In the event reasonable attempts to contact me to be unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/ Guardian _____ Date _____

Part 2: Refusal to Consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, please take the following actions:

Signature of Parent/Guardian _____ Date _____



Greene County ESC Acceptable Device Use Protocol for Project LIFE Interns

With the permission of your parents or guardian, Greene County ESC offers you an opportunity to use the internet at school. We expect you to use the computer while in class for educational purposes approved by Greene County ESC. This use is a privilege, not a right, and we may discipline you, and/or take away your right to use the internet and computer at school if you misuse the privilege. You are responsible for your own actions while you are on the computer/internet at school and are also accountable for any online activities that occur by others because you have allowed them to use your account.

Both you and your parent(s) must read the following regulations and then sign this form to show that you understand your responsibilities in using computers & the internet at school.

While using the computer/internet from school properties:

- While online, I will not use language, which may be offensive to other users. I will treat others with respect. The written and verbal messages I send while on the Internet will not contain profanity, obscene comments, sexually explicit materials, nor expressions of bigotry, racism, and hate.
- I will not place unlawful information on the internet, nor will I use the Internet illegally in any way that violates federal, state, local laws or statutes. I will never falsify my identity while using the internet,
- I will use the school's computer/Internet for education related activities.
- I will not change or delete any computer file that does not belong to me; nor, will I make any changes to the settings on computers I use at school.
- I will not download or install files or programs unless given permission from a teacher or other Project LIFE staff.
- I will not use copyrighted material from the internet or other electronic media without permission from the author. I will cite the source where appropriate.
- I will not play computer/internet games on any computer unless given permission from a teacher or other Project LIFE staff member.
- I will never knowingly give my password to others, nor will I ever use another person's account or password.
- I will never use the Internet to send or obtain pornographic or inappropriate materials or files.
- I will never give out personal information such a name, address, phone number or gender while using the internet.
- I will never knowingly bypass, or try to bypass security measures on Greene County ESC computers or other devices.



- I will never attempt to gain unlawful access to another person's or organization's resources programs or data.
- I will not make, or attempt to make, any malicious attempt to harm or destroy data of another user on any network, including uploading, downloading or creation of computer viruses.

Student's Agreement of Computer Use Policy

I have read the Acceptable Use Policy for Internet Access, as written above and understand fully and agree to follow the principles and guidelines it contains.

Student Signature

Date

Parent or Guardian's Agreement to Computer Use Policy

As the parent or guardian of this student I have read the Acceptable Use Policy as written above. I understand that computer use for students at Greene County ESC is for educational purposes only. I understand that employees of the school system will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold the ESC responsible for materials my son or daughter sees as a result of the use of the Internet from school facilities. I give my permission to Greene County ESC to allow the student above to use the Internet on computers at the school.

Parent/ Guardian signature

Date

OR

Denial of Permission for Computer Internet Access

(Not Recommended)

I do not wish the above student to have access to the internet. I understand alternate assignments may be given.

Parent/ Guardian Signature

Date

*****Note: If the student intern requires medication during the school day, please contact Kristin Brown for additional paperwork.**