

# Project | SEARCH-HOWARD

Candidate Application  
2020-2021

A partnership with Howard County Government,  
The Arc of Howard County, Howard County  
Public School System, DORS, and  
Howard County Autism Society

**Candidate Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**High School (Current  
School/Program):** \_\_\_\_\_

[www.projectsearch.us](http://www.projectsearch.us)

To request accommodations or alternative formats of material, please contact the  
HCPSS Department of Special Education at 410-313-5355.



This page should be completed and mailed to Missie Baxter, Department of Special Education,  
5451 Beaverkill Road, Columbia, MD 21044, by Friday, March 6, 2020.

## Project SEARCH-HOWARD

### Process Overview



The purpose of this application packet is to gather information on the skills of Project SEARCH student candidates. The application enables the Selection Committee\* to properly assess each student candidate's interests, skills, abilities and past experiences. A parent, student, counselor, teacher, or employer may also be contacted by the Selection Committee to gather additional information. The goal is to select students who will be successful in the Project SEARCH program and reach the outcome of competitive employment upon completion of the program.

The Selection Process includes the following procedural steps:

1. The completed application must be received by Missie Baxter no later than **Friday, March 6, 2020**. Please mail or hand-deliver to Missie Baxter (Department of Special Education, 5451 Beaverkill Road, Columbia, MD 21044).
2. Prospective students must attend ONE of the **skills assessment/interview days** to be held on **March 23, 24, 26, and 27, 2020** at the Project SEARCH Classroom building (9200 Berger Rd. Columbia, MD 21046). ***A parent or guardian must accompany the student for the assessment. This day counts as a college visit for school purposes.*** You will be given a form for an excused absence.
3. The Selection Committee will review the applications, and all students will receive notice of their status via mail by **April 15, 2020**.
4. If accepted, the student and a parent or guardian will be invited to an information night to be held in June 2020.
5. If accepted, each student must pass a criminal background check and drug screen.
6. If you have any questions, please contact Missie Baxter, High School Instructional Facilitator, 410-313-5355 or Dawson Robertson, Lead Transition Specialist, 410-313-5640.

\* The Selection Committee will include the Host Site Liaison from Howard County Government, Project SEARCH Howard County Public School System (HCPSS) Liaison, representatives from Division of Rehabilitation Services (DORS) (vocational rehabilitation), the Arc of Howard County and other agency/school system representatives.

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## Project SEARCH-HOWARD Entrance Characteristics



Students must ...

- X Be at least 18 years of age and entering their last year in the Howard County Public School System (either after 12<sup>th</sup> grade or at age 21).
- X Meet eligibility requirements for DORS Vocational Rehabilitation services from DORS.
- X Meet eligibility requirements for the Developmental Disabilities Administration (DDA).
- X Demonstrated ability to perform job tasks for several hours without direct supervision.
- X Maintain appropriate behavior and social skills in the workplace or school setting.
- X Take direction from supervisors.
- X Be able to communicate effectively.
- X Demonstrate good attendance.
- X Be able to pass a drug screening, criminal background check and have up-to-date immunizations.
- X **Have the desire and plan to work competitively in the community at the conclusion of the Project SEARCH program.**

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## Project SEARCH-HOWARD Timeline



### 🕒 Project SEARCH Parent Information Nights

**October 22, 2019 6:30 PM**

Old Cedar Lane Building (Redwood Room)  
5451 Beaverkill Road  
Columbia, MD 21044

**November 21 6:30 PM**

Harpers Choice Middle School  
5450 Beaverkill Road  
Columbia, MD 21044

### 🕒 **March 6, 2020:** Project SEARCH applications due to:

Missie Baxter  
Department of Special Education  
5451 Beaverkill Road  
Columbia, MD 21044

### 🕒 **March 23, 24, 26, OR 27, 2020: Applicants must attend one day**

Student Skills Assessment & Interview  
9200 Berger Rd.  
Columbia MD 21046

### 🕒 **April 15, 2020:** Acceptance notices mailed to families (IEP meetings to follow)

### 🕒 **June 2020: Date TBD** Project SEARCH Welcome Meeting for interns and parents

9200 Berger Rd.  
Columbia MD 21046

### 🕒 **August 2020:** New Student & Family Orientation evening

The Arc of Howard County  
11735 Homewood Road  
Ellicott City, MD 21042

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# Project SEARCH-HOWARD Application



**A. APPLICANT PERSONAL INFORMATION:**

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

Last                      First                      Middle

Student ID#: \_\_\_\_\_

CURRENT SCHOOL/PROGRAM: \_\_\_\_\_

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

Street	City	Zip Code
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E-mail Address: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Date of Birth:  Male ☐ Female ☐

**PARENT/GUARDIAN PERSONAL INFORMATION:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Street City Zip Code

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**B. STUDENT/PARENT INFORMATION:**

1. Acceptance into the Project SEARCH Program is dependent upon successful completion of the application and acceptance by the Project SEARCH Selection Committee.
2. Release: The student records of the applicant will be reviewed by the Project SEARCH program staff and Selection Committee Team Members.
3. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

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

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

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APPLICANT NAME: \_\_\_\_\_

### C. EMPLOYMENT BACKGROUND:

1. 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? \_\_\_\_\_

2. Have you completed any Summer Youth Employment programs sponsored by DORS?  
 a. Yes (please list details): \_\_\_\_\_  
 b. No

3. List jobs you currently have or have had in the past in school or in the community.  
 Please list most recent job first:

Start Date:	Employer		Paid Employment?	Yes	No
	Supervisor		Contact Number		
End Date:	Task 1		Task 2		
	Task 3		Task 4		

Start Date:	Employer		Paid Employment?	Yes	No
	Supervisor		Contact Number:		
End Date:	Task 1		Task 2		
	Task 3		Task 4		

Start Date:	Employer		Paid Employment?	Yes	No
	Supervisor		Contact Number		
End Date:	Task 1		Task 2		
	Task 3		Task 4		

Start Date:	Employer		Paid Employment?	Yes	No
	Supervisor		Contact Number		
End Date:	Task 1		Task 2		
	Task 3		Task 4		

4. Have you ever been fired from, let go from, or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain:

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5. Have you ever been fired from a job? ☐ Yes ☐ No

If yes, please explain:

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When hired for paid employment, do you want to work: ☐ Full time ☐ Part time

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APPLICANT NAME: \_\_\_\_\_

**D. Level of Independence (to be completed by parent or guardian)**

Is the applicant independent in personal self-care skills? \_\_\_\_ Yes \_\_\_\_ No

Type of assistance needed:

Is the applicant responsible for completing chores at home? \_\_\_\_ Yes \_\_\_\_ No

Please describe:

Can the applicant independently use public transportation? \_\_\_\_ Yes \_\_\_\_ No

Is the applicant capable of remaining at home unsupervised? \_\_\_\_ Yes \_\_\_\_ No

If yes, how long?

If no, please explain

Please provide a brief description of the applicant's daily routine.

**E. SERVICE AGENCIES:**

Do you have a Division of Rehabilitation Services (DORS) Counselor?

Yes ☐ Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
No ☐

Do you have a Coordinator of Community Services from the Developmental Disabilities Administration (DDA)?

Yes ☐ No ☐

If yes, please indicate your provider: \_\_\_\_ Service Coordination, Inc.  
\_\_\_\_ MMARS RC, INC.  
\_\_\_\_ OPTIMAL HEALTH CARE INC  
\_\_\_\_ Total Care Centers for Support Services

APPLICANT NAME: \_\_\_\_\_

#### F. APPLICANT RESPONSE QUESTION:

**Why do you want to be a part of Project SEARCH?** *Complete in your own words or have someone write your thoughts for you, using your own words. Instead of a written response, feel free to submit using another media (video, PowerPoint, etc.) Please send any multi-media to amy\_higgins@hcpss.org.*

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#### G. REFERENCES:

**List 3 References (including school, work, and personal (non-family))**

**\*Each reference should complete the appropriate attached reference sheet**

	Name	Relationship to applicant	Phone Number	Email Address
1.				
2.				
3.				

#### H. SELECT INTERVIEW/ASSESSMENT DATE: Please circle one

**March 23, 2020**

**March 24, 2020**

**March 26, 2020**

**March 27, 2020**

**\* You will be contacted for an interview time on one of these dates.**

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**I. PREPARER:**

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

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Name

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Title

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Phone Number

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Date

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Signature

**Project SEARCH-HOWARD  
School Reference Sheet  
(To be completed by Case Manager  
or Transition Teacher)**



**REFERRAL SOURCE INFORMATION:**

APPLICANT: \_\_\_\_\_ School/Program: \_\_\_\_\_

What is your relationship to the applicant? : \_\_\_\_\_

Please comment on the student's attendance record: \_\_\_\_\_

Days Absent: Current year \_\_\_\_\_ Previous year: \_\_\_\_\_

Days Tardy: Current year \_\_\_\_\_ Previous year: \_\_\_\_\_

Comments about school or work performance: \_\_\_\_\_

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Would you recommend this student for Project SEARCH? \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

# Project SEARCH-HOWARD

## Work Reference Sheet

(To be completed by Work Supervisor or Work  
Study Supervisor)



### REFERRAL SOURCE INFORMATION:

Student: \_\_\_\_\_ School/Program: \_\_\_\_\_

What is your relationship to the applicant? : \_\_\_\_\_

Please comment on the applicant's attendance record: \_\_\_\_\_

Days Absent: Current year \_\_\_\_\_

Previous year \_\_\_\_\_

Days Tardy: Current year \_\_\_\_\_

Previous year \_\_\_\_\_

Comments regarding work performance: \_\_\_\_\_

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

Other comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

## Project SEARCH-HOWARD Personal (Non-family) Reference Sheet



APPLICANT NAME: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Describe the strengths of this applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

## Project SEARCH-HOWARD Application Packet Checklist



### **\*PLEASE NOTE\***

**ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT FOR THE APPLICATION TO BE CONSIDERED.**

**ALL APPLICATIONS ARE DUE BY MARCH 6, 2020.**

**IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION,  
PLEASE CONTACT MISSIE BAXTER AT 410-313-5535 or  
Missie\_Baxter@hcpss.org**

- ☐ Completed Application Packet
- ☐ Three completed references
- ☐ Verification of DORS and DDA Eligibility (Eligibility letter from DORS and DDA)
  - ☐ DORS Eligibility letter for Vocational Rehabilitation Services
  - ☐ DDA Eligibility letter



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