



Project | SEARCH

# INTERN APPLICATION Project SEARCH Mayo Clinic Health System - Eau Claire, WI

## Student Information

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

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

School District: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

## Parent/Guardian/Family Information

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

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

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

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

## Information for All

1. Acceptance in the Project SEARCH program at Mayo Clinic Health System is dependent upon the Selection Committee review.
2. Equal Opportunity: No student shall be denied participation in Project SEARCH because of the student's sex, race, religion, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.
3. RELEASE: Student records concerning the intern applicant may be transferred to the Eau Claire Area School District for review by Project SEARCH program staff and Selection Committee.
4. I agree to allow my picture to be taken and for me to be filmed for the purpose of marketing our program.

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

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



### Qualifications

	Yes	No
I will be 18 years old by September 1.		
I will have all my high school credits for graduation completed by September 1.		
I agree this will be my last year of high school services and I will accept my diploma at the end of the school year.		
I am my own guardian. If no, please identify guardian and relationship to you: _____		
I am able to pass a drug screen and background check.		
My immunizations are up to date.		
I have the desire and I plan to work competitively (16 or more hours/week) after graduation from high school.		
My family supports my goal of competitive community employment.		
I am eligible for long term care services. I have chosen _____ agency.		
I qualify for DVR services. If yes, who is your DVR counselor? _____		
I qualify for long-term support services – I completed my screening with the ADRC. Date of screening _____		

### Employment Background

	Yes	No
Have you ever been fired from a job? If yes, please explain:		
Have you ever quit a job? If yes, please explain:		

### Transportation

How do you plan to get to Project SEARCH - Mayo Clinic Health System (Eau Claire)?

Eau Claire Transit

Drive myself

Family

Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STUDENT/FAMILY Self-Assessment

This checklist will help you decide if Project SEARCH is a good option for you next year.

**Check all the statements that are true for you.**

### Attendance

- I have had no absences or tardies within the past school year.
- I have had 1 – 5 absences or tardies within the past school year.
- I have had 5 – 10 absences or tardies within the past school year.
- I have had 10 or more absences or tardies within the past school year.
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days).
- If yes to 10 or more days:
  - o Reasons why I have missed so much school: \_\_\_\_\_

### Independent Daily Living and Self-Care Skills

I need help with the following. (from a parent/guardian/care taker): Please check appropriate box.

	Unknown	Not Very Good	1	2	Average	3	4	Very Good	5
Cooking and Nutrition									
Budgeting									
Handling Money/Making Change									
Taking Medication									
Toileting									
Daily Shower/Bath									

### **Appearance and Professional Presentation**

- I arrive at school and/or work daily with:
  - Clean and combed hair
  - Clean clothing and underwear
  - Brushed teeth/oral hygiene
  - Clean clothes
- I wear appropriate clothing for the weather.
- I follow my school dress code.
- I am willing to follow the designated dress code of my employer including rules on:
  - Appropriate clothing
  - Shoes
  - Facial hair
  - Facial and body piercings
  - Tattoos
  - Jewelry
  - Fingernail polish and length

### **Transportation**

- I have reliable transportation to get to work.
- I have my own car, driver's license and insurance.
- I know how to use public transportation (city bus).
- I'm willing to learn to use public transportation.
- I use a door-to-door transportation system independently and can make my own appointments.
- I use a door-to-door transportation system and a family member/other person helps to make the appointments.
- I have a family member/other who is willing to provide on-going transportation.
- I am eligible for transportation assistance.
- Other transportation options \_\_\_\_\_

### **Appropriate Social and Behavior Skills**

- I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- I do not swear or use profanity in a school or work setting.
- I show respect to my peers and adults.
- I work cooperatively with others.
- I accept correction and criticism without a negative reaction.
- I have lost my temper in a school or work environment.
- I have displayed aggressive behavior in a school or work setting
  - Screaming or yelling
  - Hitting/Punching
  - Spitting
  - Kicking
  - Fighting

## Interpersonal Communication

- I respond when someone speaks or asks questions.
- I make eye contact.
- I use an appropriate tone of voice.
- I engage in appropriate conversation in a school or work environment.
- I use appropriate body language in the school or work environment.
  - No inappropriate hand gestures
  - Sitting appropriately in a chair/posture
  - Respecting personal space
- I use a cell phone and electronic equipment (iPod, iPad, Bluetooth, etc) appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music.

## Verbal Communication

- I am easily understood by others.
- I sometimes have trouble getting my message across to others.
- I use adaptive equipment to communicate.
- I am willing to learn to use adaptive equipment to communicate, if appropriate.
- I use an interpreter and/or use sign language to communicate.
- I talk about the same topics over and over again.

## Recreational Activities

- I participate in organized group activities:
  - Sports \_\_\_\_\_
  - Special Olympics
  - Band
  - Choir
  - Theatre
  - Scouts
  - Church youth group
  - Community recreation
  - Computer or electronic games
  - Other \_\_\_\_\_
  
- I like to exercise on my own (walking, running, biking, etc.).
- I exercise \_\_\_\_\_ times each week for at least thirty minutes each time.
- I like sit-down activities such as:
  - Computer or electronic games
  - Watching television
  - Reading
  - Scrap booking
  - Other \_\_\_\_\_
  
- I have the following hobbies: \_\_\_\_\_

**Physical Limitations**

- I have difficulty walking.
- I need to use the following to help me walk/navigate:
  - Cane
  - Walker
  - Wheelchair
  - Scooter
  - Other \_\_\_\_\_
- I have limited use of my arms and/or hands.
- I have a physical limitation that may affect employment. Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Production Rate and Work Quality**

- At work or at school, I get all my tasks finished on time and I turn things in by the due date.
- At work or at school, it is difficult to get all my tasks finished or turned in by the due date.
- At school or work I get most of the tasks correct.
- At school, on chores or on my job my work is organized and neat.

**Employability Skills**

- I get to school, work or other appointments on time and independently.
- After lunch or a break, I get back to class or work on time.
- I know how to tell and keep track of time.
- I stay on a task until it is finished.
- If I am interrupted, I can return to the task and finish it.
- I can access the necessary information to fill out a paper application.
- I have experience in filling out an on-line application.
- I know how to answer common interview questions.
- I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker.
- Please list ways that help you learn best or tools you use to be successful at school or on the job:

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### **Prior Work Experience**

I have had a paying job(s) in my community. The places I worked were/are:

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I have worked at my school doing \_\_\_\_\_

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I have volunteered at \_\_\_\_\_

I do the following chores at home on a regular basis: \_\_\_\_\_

I have never worked or volunteered.

Please attach a resume if you have one.

### **Academic Skills**

My favorite subjects in high school were/are \_\_\_\_\_

I like to read books for pleasure. The last book I read was \_\_\_\_\_

I use a calculator when I do math problems or for everyday use.

I like to read the newspaper and magazines for news, job hunting and other information.

I like to write or keep a diary/journal.

### **Computer/Electronic Skills**

I have basic keyboarding skills and use correct typing techniques.

I have basic keyboarding skills and use only two fingers (hunt and peck).

I can use Microsoft Word to create letters and other documents.

I can use Microsoft Excel to create spreadsheets and other documents.

I can use Microsoft Publisher to create cards, newsletters, flyers and other documents.

I can use email correctly.

I can access the internet to get information, find services such as Map Quest and use various search engines.

I use a computer to play games, watch TV shows, listen to on-line streaming, etc.

I have no computer skills.

I use a cell phone to talk to others.

I use a cell phone for texting.

**School and Community Supports**

- I receive Related Services through my school district
  - Speech Therapy
  - Occupational Therapy
  - Physical Therapy
  - Other

*Note: Related Services are only available on a **consult basis** once the student is enrolled in a Project SEARCH program*

- I have a DVR counselor. Name of counselor: \_\_\_\_\_
- I have completed my screening through ADRC.
- I am eligible for long term care services. I have chosen \_\_\_\_\_ agency.
  - o Please list name of Case Manager/Service Facilitator: \_\_\_\_\_
- Who else helps to support me in my life?  
Please list other names and phone numbers below:

Name	Title	Phone Number

**Other**

- I live with a family member who works at a Mayo Clinic Health System facility
- I have an original Social Security Card.
- I have a Wisconsin ID or a driver's license as a picture ID.
- I can pass a pre-employment drug screen.
- I have access to an email address that I check at least weekly.
- I receive SSI and/or SSDI or other forms of public assistance.
- I have had a benefits analysis and/or I understand the impact of earned income on the benefit.

**Problem Solving and Conflict Resolution**

Please give us some examples of how you would solve these problems. *If someone writes the answers for you, have them do it in your own words.*

I missed my bus ride when I was going someplace. To get where I was going, I would do the following:

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I was sweeping (vacuuming) and the sweeper quit working or got clogged. In order to finish my task I would do the following: \_\_\_\_\_

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I lost my house key. In order to get in my house I would do the following: \_\_\_\_\_

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I was using my computer and it stopped working. I would try to: \_\_\_\_\_

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My parents were not home. It was dinner time and I was hungry. What would I do? \_\_\_\_\_

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Someone teased me or was mean to me. I would react by: \_\_\_\_\_

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**Student Response**

Why do you want to become an intern at Project SEARCH – Mayo Clinic Health System?  
(Complete in your own words or have someone write your thoughts for you)

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**Preparer**

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

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

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

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

In order to have a complete application the following documents need to be submitted by the application deadline:

- INTERN APPLICATION
- TEACHER'S Assessment of Applicant
- Current IEP including your Post-Secondary Transition Plan
- Vocational Evaluation report, if one has been completed

**Please return the INTERN APPLICATION to:**

**Mandy Van Vleet  
Eau Claire Area School District  
500 Main Street  
Eau Claire, WI 54701**

**Or Email to:  
projectsearchec@gmail.com**

**Thank you!**