

Broward County Schools

Project WOW
Work Opportunities from Within
New Student Application
2015-2016

Name _____
High School _____
Address _____
Phone _____

Project WOW

Entrance Criteria

- The TIEP must prescribe special education, transition planning, transition services, or related services through age 21.
- Understand that Project WOW is a structured, non-paid internship program designed to prepare students for paid employment and job placement.
- Be able to navigate a large campus/adult facility with little or no assistance.
- Be able to work at a variety of job placements at the worksite.
- Have independent personal hygiene and grooming skills.
- Continue to work towards increased independence in daily living skills, social skills and employment skills.
- Take direction from a variety of supervisors, teachers and potential employers and change behavior if required.
- Continue to work towards effective communication skills either verbally or with a communication system with little or no assistance.
- Have the ability to attend 5 days a week and have a proven record of good attendance at current school.
- Utilize public transportation *when available* and participate in travel training to insure success in using the bus independently by year of aging out.
- Have previous experience in a work environment (including school, volunteer, and paid work).
- Ability to pass drug screen, felony check and has immunizations up to date

By signing this form I am indicating that I had the opportunity to meet with school staff to discuss and agree to the criteria for a student attending the program. I understand that there is a 9-week probationary period and that I may be asked to leave the program and return to my home school if unable to meet expectations.

Student signature

Date

Parent/Guardian signature

Date

APPLICATION FOR ADMISSION

Please complete and return to your ESE Specialist or ESE Teacher

A. Personal Data

Name _____
Last First Middle

School ID number: _____

Address: _____
Street City Zip Code

Student phone number: _____ School Currently Attending: _____

Date of Birth: _____ Male Female

Parent/Guardian Name: _____ Parent/Guardian e-mail: _____

Address: _____
Street City Zip Code

Parent/Guardian Home Phone: _____ Cell Phone: _____

Work Phone: _____

Why do you want to come to Project WOW? (Complete in your own words)

List Three References (Non Related):

	Name	Relation to you	Phone Number	Email Address
1.				
2.				
3.				

This application has been completed by:

Name Title Phone Number Date

Signature

Student Contract

Read the student contract below and sign and date.

I, _____, understand that I have been accepted into the Project WOW program and must abide by the following terms and conditions:

- I will complete at least three unpaid job rotations within the host business.
- I will attend the program every day from 8:00am- 2:30pm, Monday through Friday.
- I understand that the Project WOW program correlates with the Broward County Schools calendar.
- I will dress appropriately and wear required attire.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will learn to use public transportation when available.
- I will follow all the rules established by the program and host business.
- I will actively pursue employment.

I have read the above terms and conditions and agree to accept my placement in the Project WOW program. I understand that I may be asked to leave Project WOW and return to my home school if I fail to follow the terms and conditions.

Student Signature

Date

Parent/Guardian Signature

Date

Updated 1/20/2016