

Intro to Employment Course (Virtual) - Application Packet **Please Download this application before filling it out.**

**If you have trouble downloading this form, please email
Rebecca Jewell at rajewell@udel.edu and she will email one to you.**

Thank you for your interest in the Intro to Employment course, a 15-week career exploration course offered by the University of Delaware, Center for Disabilities Studies. Based on a college course of the same title offered to students in the 2-year CLSC program, this class is designed for high school students with disabilities, age 16 – 21, and includes 2 weekly group classes as well as individualized exploration activities. Career exploration is directed by each student's unique sets of interests, goals, and strengths. Throughout the course, students will develop a deeper understanding of the education, training, and skill requirements of their fields of interest through research, self-assessment, guided reflection, and job shadows.

Participating students will engage in virtual classes via Zoom every Tuesday and Thursday from 3:00 - 4:30, **January 11th - April 24th**. When possible, Activities will include job shadowing, course sit-ins college visits, and workshops on goals setting, self-advocacy, and career exploration.

Students from all three counties in Delaware can participate in this free program. Interested candidates must:

- **Download** and submit an application
- **Submit documentation of disability**
- **Participate in an interview**

The Intro to Employment Course is supported by a grant from The State of Delaware Department of Labor, Division of Vocational Rehabilitation (DVR). The PETS Grant (Pre-Employment Transition Services) provides innovative programs combining best practices to provide opportunities for career exploration, vocational training, employment preparation to increase the likelihood of successful transition to competitive, integrated employment post high school.

Intro to Employment Application Deadline December 11th, 2020

Name: _____

Address: _____

County: _____ Zip Code: _____

Home Telephone: _____ Cell Number: _____

Email Address: _____ Age: _____

Date of Birth: _____

High School: _____ Target Graduation Year: _____

Gender: ___ Male ___ Female ___ Other: _____

Optional: Please indicate how you identify yourself. Check all that apply.

_____ Native American or Alaska Native (including all Original People of the Americas)

_____ Asian (including Indian subcontinent and Philippines)

_____ Black or African American (including African and Caribbean)

_____ Hispanic or of Latin Descent

_____ Native Hawaiian or Other Pacific Islander

_____ White (including Middle Eastern)

_____ Other: _____

_____ Prefer not to identify

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

1. Do you have a disability? _____Yes _____No

If yes,

a. Describe your disability and how it affects your life.

b. Are you receiving services from: (Please check all that apply and provide your case managers name, phone number and email contact information).

____ DVR (Counselor Name: _____)

____ DDDS (Counselor Name: _____)

____ Other (Please specify: _____)

I am not currently receiving services (this does not affect your eligibility for the program)

c. What type of school setting are you in?

___ Fully included in general education curriculum in general education classes

___ Half time in general education and half time in special education

___ Not included in general education curriculum or classes/ included only in special education classes (e.g., life skills program)

___ Home School

___ Other: _____

2. Why are you interested in participating in the Intro to Employment course?

3. What are you interested in learning more about during the Intro to Employment course?

4. What types of supports/accommodations are most helpful to you in school?

6. What clubs/activities do you participate in at school or in your community?

7. Tell us about your work/volunteer experiences:

8. What type of job/career do you want to have in the future?

9. What do you plan to do after high school?

___ I am not sure what I want to do after high school.

___ I plan to get a job right away.

___ I plan to attend a 4-year university or community college.

___ I plan to attend a trade school or enter an apprenticeship.

___ I am interested in attending the 2-year CLSC program.

___ Other: _____

10. **References:** Please list two *non-family members* who know you well (like a teacher or community leader) who we could contact to learn more about you:

1. Name & relationship to you:

Email address:

Phone:

2. Name & relationship to you:

Email address:

Phone:

11. Are you your own legal guardian? ___ Yes _____ No
If NO, please provide the name of your guardian:

Relationship to you:

Address (if different from address on page 1):

11. Did someone help you complete this application?

_____ Yes _____ No

If yes, who helped? What types of support did they provide?

I verify that I have read and completed this application to the best of my knowledge. *By typing my name below, I attest that the information contained in this form is accurate to the best of my knowledge.*

Applicant Signature: _____

Date: _____

Signature of Legal Guardian: _____

Date: _____

This is a virtual program. Please answer the following questions to help us understand your technology needs. Your answers will not affect your acceptance - we want to know how we can support you!

1. Do you have access to reliable Internet that is able to support videocalling applications?
 - Yes
 - No
 - Other

2. Do you have access to a laptop or desktop computer with a camera?
 - Yes
 - No
 - Other

3. Please select all of the Zoom functions with which you are familiar and able to use independently:
 - Muting yourself
 - Sharing your screen
 - Typing messages in the Chat/Chatting with someone privately
 - Using the Raise Hand button
 - Creating a Zoom Meeting
 - I am not familiar with or able to perform any of these independently

4. Please select which of the following you are able to do independently or with minimal support:

Email

Microsoft Word

PowerPoint

Excel

Google Docs

Google Slides

Other

5. Please list any concerns you have about access to the technology necessary to participate in the Intro to Employment course. This will not affect your acceptance - we want to know how we can support you!

When your application is complete, click the "Submit" button at the bottom of this page. An email will appear with your application as an attachment.

Please also attach to this email documentation of your disability. This can include your most recent IEP, 504 Plan, or Psychological Evaluation.

If you require assistance in completing this application or require an informational materials related to the Intro to Employment course in alternate format, please contact

Rebecca Jewell at 302-831-7550 or rajewell@udel.edu.

Applications can be emailed to rajewell@udel.edu or mailed to:

The University of Delaware
The Center for Disabilities Studies
Attn: Rebecca Jewell – Intro to Employment
461 Wyoming Road
Newark, DE 19716
Fax: 302-831-4690