

**THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA**  
**EXCEPTIONAL STUDENT EDUCATION**  
**APPLICATION PROCESS FOR STRUCTURED WORK STUDY PROGRAM**

Sarasota County School District offers a Structured Work Study Program with specialized curriculum in job training skills for students with disabilities ages 18-21 who have meet criteria for Access Points and are determined eligible for a deferred diploma.

To apply for the Structured Work Study Program, you must complete the application process: Below is an overview of the process:

- 1. Students and Parents complete and return the following forms by end of 1st week in February to your school's ESE Liaison**
  - Standard Diploma Deferral Notification
  - Structured Work Study Program Application
  - Structured Work Study Program Parent Survey
  - Structured Work Study Program Student Rating Scales
  
- 2. Forms to be completed by school: collect and return by end of 1st week in February to ESE Liaison**

<b><i>Forms for Application</i></b>	<b><i>Completed by:</i></b>
• Structured Work Study Program Teacher Assessment	Teacher
• Structured Work Study Program Student Rating Scales	Teacher
• Structured Work Study Program Job Coach Assessment	Teacher or Job Coach
• Credit Check Verification	ESE Liaison
• Liaison Checklist	ESE Liaison
• Student interview/observation	Program Specialist
  
- 3. ESE Liaison's collect packets from families and staff and upload by end of 2<sup>nd</sup> week of February.**
  
- 4. All applications will be reviewed by a committee. Students will be notified of acceptance into the program which best meet their needs by the end of March.**
  
- 5. An IEP meeting will be held in April or May to finalize the deferral and develop goals for employment.**

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**STRUCTURED WORK STUDY PROGRAM APPLICATION**

**Instructions:** Complete, sign, and return this form with the complete application packet to the Exceptional Student Education (ESE) Liaison at your child's school. Incomplete applications will delay the review process. It is acceptable for the applicant to receive support in completing the application. All information will be kept confidential and will not be shared with any outside agencies unless written consent is provided by the applicant/guardian.

**Student Information**

Student Name \_\_\_\_\_  
Last First Middle DOB \_\_\_\_\_

Student Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home address same as student or

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Education**

High School Attended \_\_\_\_\_ Dates \_\_\_\_\_

Received Diploma  Yes  No If yes, was it deferred?  Yes  No

Standard Diploma  Standard Access Diploma Date \_\_\_\_\_

**Employment/Volunteer Experiences**

Dates From/To	Employer/Company Name	Paid	Unpaid	Job Responsibilities
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**STRUCTURED WORK STUDY PROGRAM APPLICATION**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

What are your Goals?

Job/Career \_\_\_\_\_

Independence \_\_\_\_\_

Social/Recreational/Leisure \_\_\_\_\_

Briefly explain why you would like to participate in a structured work study program \_\_\_\_\_

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

Additional information you would like to provide \_\_\_\_\_

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

This application was completed by:

- Student only       Student with support       Parent with student input       Parent only

I certify that the information given in this application and all required documentation provided is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies, rules, and regulations of Structured Work Study Program. Should any of the information change, I will notify my ESE liaison immediately.

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

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**STRUCTURED WORK STUDY PROGRAM PARENT SURVEY**

**Instructions:** Complete, sign, and return the survey with the complete application packet to the Exceptional Student Education (ESE) Liaison at your child's school.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Independent Daily Living and Self Care Skills**

On a scale of 1 to 5 rate the child's skill level

	1	2	3	4	5
Dresses independently					
Cares for personal hygiene/grooming needs					
Manages health care needs (taking medication)					
Prepares simple snacks or meals					

- |                              |
|------------------------------|
| 5 – Excellent/Always         |
| 4 – Good/Most Activities     |
| 3 – Average/Some Activities  |
| 2 – Needs Improvement/Rarely |
| 1 – Poor/Never               |

In what areas of self-care or daily living does your child need the most help? \_\_\_\_\_

\_\_\_\_\_

What chores does your child do regularly at home? \_\_\_\_\_

\_\_\_\_\_

Where do you expect your child to live in the future? (e.g. with family, group home, apartment with roommate, etc.) \_\_\_\_\_

\_\_\_\_\_

What help will your child need to live in the option you have chosen? (e.g. budgeting, personal care, transportation, housekeeping, etc.) \_\_\_\_\_

\_\_\_\_\_

Does the student require an environment with a clinic/nurse for medical needs?  Yes  No

Can your child care for his/her own medical needs such as carrying and taking medications, knowing when to call home due to illness, self-tubing procedures, etc.?  Yes  No (describe if necessary) \_\_\_\_\_

**Intrapersonal Communication**

Does your child communicate clearly, effectively, and often with peers and others by using appropriate body language, tone and vocabulary?  Yes  No (describe how your child communicates) \_\_\_\_\_

\_\_\_\_\_

**STRUCTURED WORK STUDY PROGRAM PARENT SURVEY**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

**Social and Behavioral Skills**

What social activities does your child engage in outside of school? \_\_\_\_\_

\_\_\_\_\_

Is your child's behavior appropriate for the occasion? \_\_\_\_\_

What does your child do for free time? \_\_\_\_\_

\_\_\_\_\_

What kind of help, if any, do you think your child may need to participate in preferred activities? \_\_\_\_\_

\_\_\_\_\_

What problems do you think your child may encounter transitioning from high school to a structured work study program? \_\_\_\_\_

\_\_\_\_\_

**Problem Solving and Conflict Resolution Skills**

How does your child resolve conflict? \_\_\_\_\_

\_\_\_\_\_

Do you have to intervene?  Yes  No If yes, how often? \_\_\_\_\_

**Pace and Quality of Work**

Considering chores in the home, when given instructions does your child:

- complete the assigned task in a timely manner?  Yes  No
- complete the assigned task correctly?  Yes  No
- complete tasks involving multiple steps?  Yes  No

What distracts your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of job or volunteer experience do you see your child participating in after their education is completed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRUCTURED WORK STUDY PROGRAM PARENT SURVEY**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

**Transportation**

Describe how your child will get to work, social activities, and/or perform errands after exiting the school system. \_\_\_\_\_

Which of the following mode(s) of transportation is your child most likely to access:

walking  bicycle  SCAT  SCAT Plus  car  other \_\_\_\_\_

Does our child currently use public transportation independently?  Yes  No

Has your child received bus transportation training in the past?  Yes  No

Does your child have a driver license?  Yes  No

Learner permit?  Yes  No

**Employment Outcomes**

In your opinion, what is most important for your child to learn in a structured work study program? \_\_\_\_\_

What are you expecting your child to do after exiting the structured work study program?

- \_\_\_\_\_ Attend college/trade school
- \_\_\_\_\_ Work full or part time
- \_\_\_\_\_ Military
- \_\_\_\_\_ Supported employment
- \_\_\_\_\_ Adult day services program
- \_\_\_\_\_ Unsure

Are you willing to work with the team in finding and securing a job or volunteer site for your child (e.g. take to interviews/vocational rehabilitation meetings/job hunting/tour facilities)?  Yes  No

Are you aware of which community supports/agencies can help with services after exiting school?  Yes  No

With which agencies are you familiar? \_\_\_\_\_

What other information would be helpful to know about your child? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**STRUCTURED WORK STUDY PROGRAM STUDENT RATING SCALES**

**Instructions:** Complete by rating the level of assistance required for each skill across the domains for the student. Return completed form to the school Exceptional Student Education (ESE) liaison.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Form completed by  Parent  Teacher  Other \_\_\_\_\_

**Rating Key**

- 0 - Student is not able to demonstrate
- 1 - Requires complete assistance
- 2 - Requires moderate assistance
- 3 - Needs minimal assistance
- 4 - Performs tasks independently

<b>DOMAIN 1 Self-Determination</b>	0	1	2	3	4
Describes strengths, limitations, and disability					
Explains his/her learning style					
Knows how to set goals/has goals					
Gathers information to make decisions and solve problems					
Works independently					
Manages a schedule (work, plans for leisure time)					
Practices civic duties such as voting and self-advocacy					
Identifies a variety of post-secondary training and career options					
<b>DOMAIN 2 Functional Academics &amp; Technology</b>					
Writes name, address, and phone number from memory					
Writes SSN, DOB, and basic sentences needed to complete job application					
Solves basic addition and subtraction computations					
Identifies basic survival signs					
Performs basic word processing, email, and accessing internet					
<b>DOMAIN 3 Financial Planning &amp; Money Management</b>					
Identifies coins and bills					
Counts change					
Purchases food from restaurant, grocery, and/or retail store					
Manages and budgets money					
<b>DOMAIN 4 Socialization, Relationships, Self-Esteem</b>					
Recognizes the need for privacy					
Understands diverse types of relationships (family, acquaintances, friends, co-workers, supervisors)					
Participates in sports, hobbies, clubs, organizations, and/or leisure/recreational outings with family and friends					
Demonstrates awareness of personal space					

**STRUCTURED WORK STUDY PROGRAM STUDENT RATNG SCALES**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

<b>DOMAIN 5 Employment</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Describes types of jobs he/she wants to do					
Dresses for work appropriately					
Reports to work on time					
Completes job tasks					
Contacts employer (school) when not able to go to work.					
Completes standard job application form					
Uses want ads to find appropriate leads					
Answers mock interview questions					
Understands minimum wage, pay stub, deductions, complete tax forms					
<b>DOMAIN 6 Travel and Mobility</b>					
Identifies modes of transportation					
Navigates beyond immediate neighborhood on foot or via bicycle					
Uses public transportation					
Uses a map or follows directions to get to destination					
<b>DOMAIN 7 Community Living</b>					
Uses library					
Uses post office and/or bank					
Goes to theater, park, and other community locations					
Participates in social/leisure, clubs, organizations appropriately with same age peers without conflict or engages in appropriate problem-solving skills					
<b>DOMAIN 8 Home Living</b>					
Prepares simple meals (sandwiches, microwave dinners)					
Performs basic chores (dishes, sweep, vacuum, dust, mop)					
Understands paying bills and budgeting money for utilities, groceries, rent, etc.					
Gets along with roommates, neighbors, and family/friends in home environment.					
<b>DOMAIN 9 Personal Care</b>					
Cares for basic hygiene independently (bathe, wash hair, body) on daily basis					
Brushes teeth and combs/brushes hair daily					
Applies deodorant daily. For females utilizes feminine products as needed					
Wears clean clothing; weather and occasion appropriate clothing					
Clips/trims nails when needed. Washes hands before meals. Uses handkerchief/tissue and covers mouth when sneezing/coughing					
<b>DOMAIN 10 Health and Safety</b>					
Reads labels for medications and state dosage/frequency of taking them					
Recognizes when/who to call in case of an emergency (Fire Department, EMS, Police)					
Understands the concept of rules, laws, and consequences of breaking rules and laws					
Makes own medical, mental health, and/or dental appointment					
<b>TOTAL FOR EACH COLUMN</b>					

\_\_\_\_\_  
Name of Person Completing Form (Print)

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date