Project SEARCH

UPMC Project SEARCH Application

Sites accepting copies of this application:
___UPMC Mercy ___UPMC Passavant ___Flexible

Purpose:

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the Selection Committee to properly assess each candidate's skills, abilities, and background. A parent, student, counselor, or teacher may be contacted by the Selection Committee to gather additional information. **Our final goal is to select students who will be successful in a UPMC Project SEARCH program and reach the outcome of competitive, integrated employment.**

Selection criterion includes:

- Students with intellectual/developmental disabilities ages 18 – 21 who are in their last year of high school eligibility and/or still receiving services from their school district.
- Students who desire to **work competitively** at the end of the Project SEARCH program.
- Required attendance is Monday-Friday from 8:00AM-2:30PM for at least 80% of the full program year.
- Students who will benefit from participation in a variety of internships.
- All prospective students must have completed a tour of their intended site prior to application.

The Selection Process includes the following guidelines:

- The Project SEARCH selection committee will review the applications. Representatives from Education, the Host Business, OVR, the Allegheny County Office of Developmental Supports, and Goodwill of Southwestern PA will review each application and participate in Assessment Day with each qualified candidate.
- If accepted, the student participant must be registered with the providing district for the 2026–2027 school year.
- At any point in time throughout the program, UPMC may implement mandatory masking as part of the Respiratory Viruses Safety Program. If implemented trainees will be required to mask.
- If accepted, student must be able to pass a drug screen and any other requirements deemed necessary by the UPMC Project SEARCH host site. Unless exempt for religious or medical reasons, all trainees are required to receive a flu shot.
- If accepted, student must complete the Volunteer Act 34 Clearance paperwork ahead of start date.

Please e-mail completed application and all requested information by February 14, 2026 to UPMC Project SEARCH.

E-mail to: Project.Search@goodwillswpa.org for UPMC Project Search consideration.

UPMC LIFE CHANGING MEDICINE

pennsylvania DEPARTMENT OF LABOR & INDUSTRY OFFICE OF VOCATIONAL REHABILITATION

Goodwill Southwestern Pennsylvania

Allegheny County Department of Human Services

UPMC Project SEARCH Application 2026 - 2027

Part 1 - Completed by School Personnel

Last Name: _____ First Name: _____

Student Phone: _____ Parent Phone: _____

School District: _____

All required documents and SIGNATURES must be completed and in Goodwill's possession for the application to be CONSIDERED by February 14, 2026:

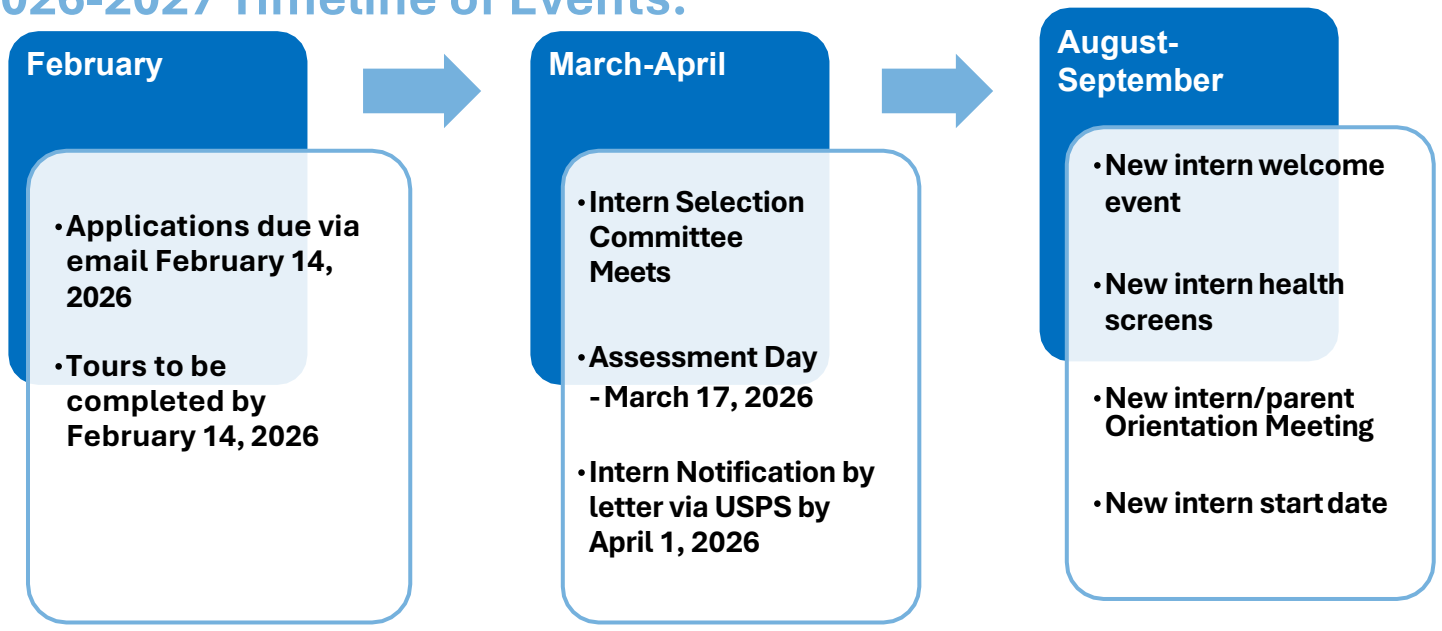
Checklist for completion: Did you include these items?

	Behavior Support Plan (if applicable)		Goodwill Referral Form
	High School Attendance Form		Completed Signature Page
	High School Transcript		UPMC Skills Rating Form
	Most Recent Special Ed Eval (ER/RR)		
	Current IEP with Post-Secondary Transition Goals: _____ (Date of IEP)		

OVR Responsibility

	Individual OVR Counselor Student Summary / Letter

2026-2027 Timeline of Events:



Educational Background:

Are you between the ages of 18 & 21?	YES	NO
Date of Birth: _____		
Did you walk at graduation and decide to receive additional services?	YES	NO
Do you have all your credits necessary to graduate?	YES	NO
Anticipated Graduation/Diploma Date: _____		
Have you received any additional vocational training (Mon-Valley, Steel Center Vo-Tech, etc.)	YES	NO
If YES – list school and certification/degree obtained (include transcript)		

School:	Program:
If paired with a paraprofessional, how often/long have you worked with a paraprofessional?	

In School		In the Community	

Please provide the most accurate information. Please ensure that the IEP supports the student's current behaviors as well as the student's current level of performance/functioning. If the supplied documentation does not provide an accurate description of the student, please provide a statement addressing the differences.
Discrepancies may cause a delay.

PAID JOB, including any other OVR Paid Services:

Are you currently employed?	YES	NO
If YES, where:		
What kind of supports did you receive:		
Do you plan to continue working during Project SEARCH?	YES	NO
If YES, how many hours per week?		

Please list the 2 most recent paid work, volunteer, internship, or community-based work experiences you have had:

Experience 1		**Type of Experience**
Location		OVR Paid Work Experience
Supervisor Name		Internship
Phone Number		Volunteer
Dates of Experience	__ / __ / ____ -- __ / __ / ____	Community-Based Work Experience
Duties/Responsibilities		Competitive Employment (with support)
		Competitive Employment (without support)

Experience 2		**Type of Experience**
Location		OVR Paid Work Experience
Supervisor Name		Internship
Phone Number		Volunteer
Dates of Experience	__ / __ / ____ -- __ / __ / ____	Community-Based Work Experience
Duties/Responsibilities		Competitive Employment (with support)
		Competitive Employment (w/o support)

Have you ever been fired from a job?	YES	NO
If YES, please explain:		
Have you ever quit a job?	YES	NO
If YES, please explain:		

Independent Living:

Do you have any limitations that may impact participation in Project SEARCH?	YES	NO
If YES, please explain:		
Do you have any behaviors that need to be supported to ensure successful participation in Project SEARCH?	YES	NO
If YES, please explain:		
Do you have a behavior plan? ***If YES, please attach a copy of the plan*	YES	NO

Physical Accommodations	YES	NO	Explanation
Visual Impairment			
Deaf/Hard of Hearing			
I use American Sign Language			
I use a wheelchair, walker, or other physical aid			
I use an assistive speech/communication device			
Other (Specify)			

Transportation:

Which of the following transportation options would you consider as part of the transition from school to employment? *(Check all that apply)*

	Parent Transportation		Travel Training (summer prior to PS)
	Public Transportation		Uber / Lyft / Z-Trip
	Travel Training (during last program rotation)		I want to get my driver's license

Student Response Questions:

Answers require 4-5 sentences

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

What do you want to do after graduation from high school? (Complete in your own words)

Signatures:

THIS APPLICATION HAS BEEN COMPLETED AND APPROVED BY ALL OF THE MEMBERS OF THE IEP TEAM, LISTED BELOW. APPLICATIONS WITHOUT ALL SIGNATURES WILL BE RETURNED.

All please sign below. **Your signature implies that you approve the application and potential attendance in UPMC Project SEARCH, as well as understand your financial obligation, if any.**

_____

Special Education Director Date

_____

OVR Counselor Date

_____

School District Referring Teacher Date

_____

School District Transition Coordinator Date

I verify that the information stated in this application and all the attached documents are true and correct to the best of my knowledge. If the documentation provided is not up-to-date, please provide an additional statement of the differences.

_____

Student Date

_____

Parent / Guardian Date

ACCEPTANCE AGREEMENT

I, _____, understand that if I am accepted into UPMC Project SEARCH, I will be subject to a 45-day trial period. Subsequently, my enrollment in the program may not meet my needs or the goals of the program, and I may be required to leave UPMC Project SEARCH. My parents/guardians and I agree to this trial period.

_____

Student Date

_____

Parent / Guardian Date

UPMC Project Search - Goodwill Referral Form
Part 2 – Completed by School Personnel & Family/Guardian

Please note: This form MUST be filled out completely and by a School District Representative

Project SEARCH staff use this information to collaborate with the student, parents, transition coordinators and other service providers to provide Transition Services according to the following definition:

Definition of Transition Services

Transition services are a coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to post school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation.

Student Information	
Name:	
Street Address:	
City, State, Zip:	
Student Phone:	
Student Personal Email:	
Parent/Guardian Name:	
Parent/Guardian Phone:	
Parent/Guardian Email:	
Student Age (as of 09/01/2026):	
Grade Level:	

Referral Information	
School District:	
Referred By:	
School Year Contact:	
Title:	
Phone:	
Email:	
Address:	

Transportation Information	
Bus Company:	
Contact Person:	
Phone:	

Billing Information	
School to Bill:	
Contact Name:	
Billing Address:	
Phone:	

Transition Planning Information	
Primary Disability	
Secondary Disability	
Physical Limitations	
Accommodations Needed (Physical and Learning)	
Method of Communication	
Primary Language	

Other Provider Information			
OVR Eligibility:	Eligible	Not Eligible	To Be Determined
OVR Counselor:			
Email:			
Phone:			
County Funding (ODS) Eligibility:	Eligible	Not Eligible	To Be Determined
Supports Coordination Provider:			
SC Name:			
SC Phone:			
Other:			

Current Benefits – *(Check all that apply)*			
	SNAP – Food Stamps		Housing Subsidy
	TANF – Cash Assistance		Childcare Subsidy
	Medical Assistance		Refugee Assistance
	Social Security		OTHER: _____
	SSDI – Social Security Disability Income		Prefer Not to Answer
	SSI – Supplemental Security Income		None of the Above

****For the safety of the individual, if a medical condition exists, including a seizure disorder, that might impact the ability to function independently in the workplace, we may require a medical release from the treating physician for stated condition.**

****If any medication must be taken during program times, students must be able to self-administer any medication, including Epi-pens. Staff do not administer medication.**

Medical Information	
Allergies:	
Does the individual have: (Check all that apply)	*Explanation/Special Instructions – If any checked, please complete the Emergency Plan of Action for Medical Conditions*
❑ **Seizures** ❑ **Heart Condition** ❑ **Diabetes** ❑ **Other (specify)**	

Medication Information	*Mark "N/A" if not applicable:*
Medication Name:	
Diagnosis:	
Dosage/Frequency:	
Special Instructions:	

Medication Name:	
Diagnosis:	
Dosage/Frequency:	
Special Instructions:	

Medication Name:	
Diagnosis:	
Dosage/Frequency:	
Special Instructions:	

Dietary Needs	*N/A*	*Explanation/Special instructions:*
Special Dietary Requirements:		
Food Allergy:		
Food Sensitivity:		
Other (Specify):		

On-Site Needs	*N/A*	*Explanation/Special Instructions:*
Safety Concerns:		
Cultural Needs:		
Other (Specify):		

Consent For Emergency Treatment

In the event that my child is unable, due to their condition, to give proper authority at the scene of an incident:

1. Project SEARCH staff are authorized to administer emergency first aid services that are necessary and appropriate while in their care.
2. If necessary, Project SEARCH staff members are authorized to assist/take the intern directly to the on-site hospital emergency room. Staff will notify the parent and/or guardian of admission to the emergency room.
3. At the on-site hospital emergency room, I consent to immediate emergency medical treatment for my child.

Print Student's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Student Information	
Student Name	
Student Date of Birth	
Primary Contact Number	
Home Address	
Treating Healthcare Provider	
Has the Student's treating healthcare provider been consulted	**___ YES ___ NO**

List any behaviors that may impact the student's work skills training experience:

List any student strengths that may benefit them during their vocational assessments and experiences.

List any safety concerns you may have of this student.

Additional Comments (please use this section to address any items in the current IEP that may no longer apply or progress that has been made):

Transition Coordinator/Other School District Representative Date

UPMC PROJECT SEARCH SKILLS FORM

Part 3 – Completed by School Personnel and/or Outside Entities

Student Name:	**School District:**
Name of person filling out form:	**Relationship to Student:**
Your Phone:	**Your Email:**

Problem Solving and Conflict Resolution: Please give us some examples of the student's problem-solving abilities and/or how they handle conflict:

School situation:

Work/Training/Volunteer situation (if applicable):

Additional Questions:
Please describe how active the parent(s)/guardian(s) are in this student's education during the time you have known them:

Do you feel that this student will pursue competitive employment upon completion of Project SEARCH? If so, please list examples why in the space below.

UPMC PROJECT SEARCH SKILLS FORM

Utilizing the number system to the right, please rate your student in the following employability skill areas/abilities.		1 *Never*	2 *Sometimes (1-2 times/week)*	3 *Frequently (3-4 times/week)*	4 *Often (5-7 times/week)*	5 *Always*
1	Handles stress appropriately					
2	Ability to separate personal issues from work					
3	Makes eye contact when speaking/listening					
4	Accepts constructive criticism/feedback					
5	Cooperates with others to accomplish tasks					
6	Can work in close proximity to others					
7	Works well with others in a group/team					
8	Pays attention when given verbal instructions					
9	Follows rules & regulations					
10	Follows through on directions/directives					
11	Respects rights & privacy of others					
12	Asks for help & clarification when needed					
13	Initiates conversations without interrupting					
14	Deals with angry/upset people appropriately					
15	Handles conflict appropriately					
16	Speaks clearly so others can understand					
17	Can direct people to a location inside building					
18	Independence with activities of daily living					
19	Maintains clean appearance (hygiene/clothes)					
20	Dresses appropriately for the situation					
21	Arrives on-time					
22	Works at appropriate rate for 30+ minutes					
23	Completes tasks accurately & to expectation					
24	Paces work according to demands					
25	Does tasks as shown (not in own way)					
26	Follows a regular schedule of tasks					
27	Ability to handle changes in schedule/activities					
28	Determines task priorities based on demands					
29	Makes decisions independently					
30	Initiates new tasks without prompting					
31	Ability to work exposed to distracting sounds					
32	Sense of surrounding to navigate environment					
33	Can be on feet for 2 hours or more					
34	Work for 45 minutes or more without break					
35	Can shift attention back & forth between tasks					
36	Read & comprehend written instructions					
37	Select materials needed to complete tasks					
38	Maintains safety standards					