



**STEP** Program  
Employment  
Transition  
Secondary



**2018 New Student Application**

**Name** \_\_\_\_\_  
**High School** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_

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**STEP**  
**Recruitment Timeline 2017-18 School Year**

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- BSVI Counselors will open eligible cases for '18- '19 school year.
- February-May: Individual tours to be completed with student and their families.
- April-May: Selection Committee will review applications and student interviews will be scheduled and completed.
- May: Acceptance letters will be mailed out.

**For more information contact:**

Cathern King  
OSSB  
5220 North High St.  
Columbus, OH 43214  
614-468-8877  
**cking@ossb.ohio.gov**

# **APPLICATION PACKET CHECKLIST**

**\*\*\* ALL DOCUMENTS ARE REQUIRED TO BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED \*\*\***

- Completed Application Packet
- Immunization Record
- Two Letters of Recommendation from school or work
- Current Individual Education Plan (*including Transition Goals*)
- Current Evaluation Team Report
- High School Transcript(s) and Test scores
- Attendance Record

**Return completed packet by end of April 2017 to:**

Cathern King  
OSSB  
5220 North High St.  
Columbus, OH 43214  
614-468-8877  
[cking@ossb.ohio.gov](mailto:cking@ossb.ohio.gov)

## **GUIDELINES FOR SELECTION PROCESS:**

- All students and parents are to schedule a visit to COSI/ and or additional job sites, the host business site, to meet the instructor and job coaches, to observe the culture and possible job rotations.
- Candidates must be able to pass a criminal background check and drug screen.
- Applications will be accepted through April 27<sup>th</sup>, 2018.
- The Selection Committee will interview prospective STEP interns on scheduled dates to assess candidate work readiness and to give the candidates an opportunity to ask questions about the program.
- The Selection Committee will determine a final slate of accepted interns.
- If accepted, the school district will need to work with OSSB to enroll that student at OSSB.
- An IEP will be developed with the IEP team for the 2018-2019 school year.

### **Eligibility Criteria**

- Potential for competitive employment & motivation to work
- Ages 18-21
- 5<sup>th</sup> year senior
- Completed all high school credits
- Open case with Opportunities for Ohioans with Disabilities (OOD)

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## **STEP**

### **Purpose and Guidelines**

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

#### **ASSOCIATE SCHOOL DISTRICT RESPONSIBILITIES:**

- Provide all documents and information listed in the application checklist for each student applying for STEP.
- If a student is dismissed from the STEP program, the Associate School District will be responsible for convening the IEP team to determine an alternative educational option.

#### **INFORMATION FOR STUDENTS AND PARENTS/GUARDIANS:**

- Students must meet and maintain OOD eligibility criteria
- Must be enrolled as a student at OSSB for the 2018-19 school year.
- Applications will be reviewed by a Screening Committee, which will make recommendations concerning placement in the program on a conditional basis for an initial 45-day trial period.
- Students will be reviewed during the 45-day trial period to determine whether they meet and maintain the eligibility criteria for competitive employment.
- If student continues to meet all eligibility standards, then the students' teams will develop updated IEPs to reflect the goals and objectives for STEP.

<b>STUDENT INFORMATION</b>		
Student Name:		Today's Date:
Student Address:		Student DOB:
Associate School District:		
Please list any secondary diagnosis listed on your current IEP that will assist the OSSB staff in making appropriate decisions regarding your individualized programming.		
Please list any accommodations you currently receive.		
<b>PARENT/GUARDIAN INFORMATION</b>		
Father/Guardian:		Home Phone:
Address (if different from students):		
Father's/Guardian's Place of Employment	Work Phone:	E-Mail:
Mother/Guardian		Home Phone:
Address (if different from students):		
Mother's/Guardian's Place of Employment	Work Phone:	E-Mail:

**EDUCATIONAL NEEDS AND GOALS**

Student's Educational Background:  
(School attended)

Has the Student deferred his/her high school diploma?  Yes  No  
Anticipated Graduation Date:

Does the Student have all credits necessary to graduate?  Yes  No

Days Absent: 12<sup>th</sup> \_\_\_\_\_

Has the Student ever been suspended/excluded/removed from school?  Yes  
 No

If so, describe:

Other than public education, has the Student received any additional formal training?

Has student in the past 4 years received support from a one-on-one aide? If yes, please explain.

**EMPLOYMENT NEEDS AND GOALS**

What are the Student's employment goals?  Full-Time  Part-Time

Does the Student have previous paid work experience?  Yes  No

If so, provide the details requested below:

Employer	Job Title	Hours/week	Supervisor	Phone #	Dates of Employment

Did the Student receive job coaching or other support in previous jobs?

Yes  No

If so, what type?

How many hours per week?

Has the Student ever been convicted of a felony or misdemeanor?  Yes  No

If so, what was the charge and outcome of their court case?

Can the Student pass a drug screen?  Yes  No

Has the Student ever been fired from a job?  Yes  No

If so, why?



Has the Student ever quit a job?  Yes  No

If so, why?

**OTHER EXPERIENCE**

Does the Student have previous volunteer experience?  Yes  No

If so, provide the details requested below:

Organization	Volunteer Duties	Hours/week	Supervisor	Phone #	Dates of Service

**TRANSPORTATION**

Does the Student currently hold a State ID or ADA card?  Yes  No

If so, when does it expire?

Does the student have experience with public transportation? If so, please describe.

**SUPPORT SERVICES**

Does the Student have an Opportunities for Ohioans with Disabilities Counselor?  
 Yes  No

If so, list the counselor's name and phone number:

Is the Student eligible for services from the County Board of DD?  Yes  No

If so, list the DD service support coordinator's name and phone number:

Has the Student utilized services from other agencies in the past?  Yes  No

If so, provide the details requested below:

Agency	Services Provided	Agency Contact	Phone #	Dates of Service

**LIVING ARRANGEMENTS AND DAILY CARE**

Who does the Student live with?

## Essay Questions

Students are to complete these on their own. It is important that we see the students' motivation and understanding of their needs. Answers may be dictated for the student.

What are your short-term work goals?

What are your long-term work goals?

Other than work experience, what do you hope to gain from STEP?

What do you currently do on your own at home?

What accommodations do you use at school and home? How do these help you to be successful?