University of Cincinnati
Collaboration for Employment and Education Synergy (CEES)
Employment Institutes
Student Application
2015-2016

Please send all application materials to the address below:

Catherine Dart
University of Cincinnati
Employment Institute
CECH- School of Education
P.O. Box 210002
Cincinnati, OH 45221
bentlecg@mail.uc.edu
University of Cincinnati
Collaboration for Employment and Education Synergy (CEES)
Employment Institutes

Thank you for applying to the University of Cincinnati Employment Institute (CEES).

CEES is a 12 week individualized curriculum that is designed to help typically developing peers young adults with intellectual and developmental disabilities determine how their interest and abilities can be applied in the work place as they also learn the necessary life skills that enhance their ability to live and work more independently.

CEES is designed to help students create connections, learn essential skills to be successful in employment, social and independent living aspects of adult life, and have fun while doing it!

**Application Process:** An interview will not be scheduled until all of the below listed documents are received.

- Fully completed application
- Student Statement
- Parent Statement
- Latest IEP
- Current ETR (Evaluation Team Report)
- Any Additional Completed Transition Assessments

Once you submit your complete application, you will receive an email confirmation from Catherine Dart.

**Selection Process:** Upon receipt of your application, CEES staff will contact you to schedule an observation. **An observation is required.** Students will be notified of a decision within one week of the interview.

Following an observation that will be completed at the student’s home district, students will be invited to a Vocational Assessment Day. During the scheduled Vocational Observation Day students and families will:

1. TTAP Vocational Administration

2. TTAP portion for intervention specialist will be emailed to Special Education Directors to be given to students Intervention Specialist to complete
4. Discovery Forms are given to IS to send home for parents to complete. Discovery form will be returned to CEES prior to the student beginning.
# UNIVERSITY OF CINCINNATI
Employment Institute Application

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Preferred name</td>
</tr>
<tr>
<td>Current address</td>
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<tr>
<td>City</td>
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<tr>
<td>Primary Language</td>
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<td>Graduation Date</td>
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## FAMILY INFORMATION

<table>
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<tr>
<th>Parent/Guardian</th>
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<tbody>
<tr>
<td>Phone</td>
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<tr>
<td>Address</td>
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<td>City</td>
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## CURRENT SCHOOL - EDUCATION

<p>| Name |
| Address |
| Current Grade |
| City | State | ZIP Code |
| Phone | Start Date | End Date |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Phone</td>
<td>Start Date</td>
<td>End Date</td>
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**CURRENT GUIDANCE COUNSELOR/ INTERVENTION SPECIALIST**

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Address</td>
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<td></td>
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<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
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Why are you interested in CEES?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

List three goals you would like to achieve while attending CEES.

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

Describe your strengths.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If you had to answer today, what would you say you would like to pursue as a career option beyond college?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Describe your personal interest, including hobbies and sports

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please provide specific information for medical conditions we should be aware of (allergies, activity restrictions, mobility issues, etc.)

______________________________________________________________________________

______________________________________________________________________________
Do you take any medication?  ☐ Yes  ☐ No  Please list ____________________________________________
________________________________________
________________________________________

Do you self-manage medication?  ☐ Yes  ☐ No  If no, who helps you with your medication and how do they help you?
________________________________________
________________________________________
________________________________________

What are you most excited about in the CEES experience?
________________________________________
________________________________________
________________________________________

What are you most nervous about? ____________________________________________
________________________________________
________________________________________

In order for us to help you be successful, please tell us about any of your challenges including social or behavioral challenges. For example, what helps you with transitions?  What helps you be successful during social interactions?  What helps you with new experiences?  __________________
________________________________________
________________________________________
________________________________________

What would you like us (faculty, camp director, staff) to know about YOU that will help us help you have the very best CEES experience possible?  __________________
________________________________________
________________________________________
Parent Statement - Please answer all questions

Why do you want your student to attend CEES?

__________________________________________________________________________

__________________________________________________________________________

Describe your student’s strengths.

__________________________________________________________________________

__________________________________________________________________________

List three goals you would like your student to achieve while attending CEES.

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

Has your student ever attended a program similar to CEES? If so, how long and why, challenges or successes?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

We are excited that your student is interested in the institute. What should we know to help your student have the best experience possible?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Please explain any special considerations that UC – CEES should be aware of in regard to your student, i.e. personal habits, sensory issues, physical stamina, communication, social skills, medical conditions. ____________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

Does your child have a history of running away when they are anxious or scared, aggressive behaviors, self-injurious behaviors? If yes please describe the behaviors and how often they are happening.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I certify that all the information provided in this application is true and complete to the best of my knowledge.

Parent/Guardian signature & date________________________________________________