

SCSD/OCC
Campus Based Partnership
New Student Application for the
2023-2024 School Year

Student Name _____

Current High School _____

Printed name of current Spec. Ed. Teacher of Record

Signature of current Spec. Ed. Teacher of Record

This teacher must review this packet and its contents to refer the student listed above. Packet Checklist

- Documentation of sitting HS Regents exams or completion of NYSAA or teacher statement confirming this _____
- Current Psychological Report _____
- Attendance Record _____
- Current IEP and minutes _____
- Completed application packet with student and parent signature _____
- Authorization for Release of Information/Background Check Form _____

****PLEASE NOTE** ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR THE APPLICATION TO BE CONSIDERED**

Application Purpose and Guidelines: The purpose of this application packet is to outline the skill set needed to become a student of the SCSD/OCC Campus Based Partnership and give candidates a chance to communicate their accomplishments and desire to join the program. This application enables the Selection Committee to properly assess each student 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 vocational program and reach the outcome of competitive employment. Final placement into this program may depend upon an IEP meeting.

The process should include the following steps:

1. Watch the PowerPoint videos made in 2021 at <http://www.syracusecityschools.com/districtpage.cfm?pageid=11579> Go to page, select OCC, and click on Program Tour to view. (This video played during the tour field trip).
- 2 Contact **Tara Osvoldik** 315-498-6092 or tosvoldik@scsd.us for information or to set up a campus visit.
3. **Complete application by Feb 27, 2023** and submit to the above email or to your school's Transition Coordinator- Brian Buda. If the application gets a strong score on the placement rubric the student/parent will be contacted to arrange a one-day in person interview placement visit for the **student only**.

Parent/Student Information regarding this transition program and the graduation process

1. A student cannot graduate from high school unless all requirements of the home school are met in addition to the student's participation in the SCSD/OCC Campus Based Partnership.
2. Students are encouraged to complete senior activities before moving up to the program at OCC. If senior activities are not completed prior to starting, they may still participate - but parents and students must assume responsibility for all transportation and payments for these activities as well as communicating with the home school to coordinate activity participation. This includes pictures, trips, yearbooks, senior meals, proms, picnics, and graduation).

3. Applicants are asked to report any legal problems resulting in conviction upon application.
4. Students must complete all NYS or NYSAA testing prior to starting in the program.
5. Release: The Student records and background information will be viewed by professional staff on the Selection Committee and administrative support staff.
6. Equal Opportunity: Internship and job placements will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.
7. This location (OCC) has **no onsite nurse** to administer medications.
8. Placement in this program requires completion of a student contract indicating that the student and parent understand program rules and limitations and a release from liability for the school district and hosting job sites is required.
9. We follow the vaccine requirement of our site at OCC which **currently mandates presentation of completed COVID vaccination status for student placement.**

I have read and agree to the conditions of this vocational program included here. I am verifying that the student below does not have a criminal history and will be able to pass the attached police background check. If info is not disclosed and an unacceptable check is returned post admission, the student will be returned to the referring school.

Student Signature _____ **Parent Signature** _____ Date _____

Student Name - First	Middle	Last	Student Phone Number
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Address House #	Street Name	Zip Code
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Parent Name - First	Last	Parent Phone Number
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Address House #	Street Name	Zip Code
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Parent Email

Transportation:

No special busing is provided for this program. The school district does provide bus passes for independent Centro travel to and from school.

How do you anticipate getting to campus? Centro _____ Parents _____ Drive Self _____

Service Agencies:

- Do you have a Vocational Rehabilitation Counselor already in place (ACCES-VR)?

- Yes ____ No ____ If yes Name _____ Phone Number _____
- Are you eligible for services from the Central New York Developmental Services Office (OPWDD)?
- Yes ____ No ____ If yes Name of Agency _____
- Care Coordinator (or MSC) _____ Phone _____

Allergy Info, list any **food** or **environmental allergens** and reactions: **Please be aware there is no onsite nurse at OCC.**

Are any medications needed during the school day? We can only consider students with allergies/ mid-day medication needs, if they provide doctor's approval to self-administer and the home school nurse receives that verification. **There is no onsite nurse.**

List any health or medical issues that may impact a successful job placement including any issues relating to, mobility, or fatigue:

Behavioral Summary:

Behavioral/Discipline records will be reviewed, in your own words please explain any behaviors that might be noted in your student record that accompany the application which might impact successful job placement, examples: hygiene, poor attendance, tardiness, or problems with authority figures, peers, or others?

Student Response Questions

The student should complete this section in own words or dictate to a scribe. Attach additional sheets as needed.

1) Why do you want to come to the Campus Based Partnership at OCC?

2) Do you understand that this is a high school jobs program located on a college campus; and that the end goal, after graduation is supported employment, not preparation for admission into college? YES ___ NO ___

3) Do you want to work after graduation? YES _____ NO _____ If yes, Please explain why you want to work below....

What types of jobs interest you?

Can you get around your neighborhood and cross streets by yourself? If yes what are some places you go?

If you are not initially accepted because of limited slots but the Selection Team reaches consensus that you are a prospective candidate for The Campus Based Partnership, would you like to be placed on a waiting list? YES ___ NO ___

I _____, understand and agree to the following SCSD/OCC Campus Based Partnership structure and limitations listed below:

I understand that this is a jobs program appropriate for those ready to increase independence to transition to the work world. I will develop skills, experience, and earn recommendations to help me get a good job in the future.

I will be neat and dress appropriately for a job and follow all employer dress codes and standards.

I understand the program is a high school program that ends in a credential if I complete the work. The typical credential is SACC or CDOS. These are career-based completions and are not accepted for college entry post-commencement. Job sites are unpaid but accrue credit for the HS certificate or diploma previously identified by my home school.

I understand that instruction is offered in class by professional SCSD staff. This staff monitors job sites during school hours but does not remain on each specific job sites at all times. SCSD staff partners with cooperating business and their site supervisors, mentors, and coworkers to train and supervise students. Job site staff are cooperating business trained employees in their work field. They are not professional educators.

I will attend every day that the city high schools are in session.

I will call my classroom phone (315) 498-6092 and leave a message when I am absent or late. I will use Fridays to make up time missed on the job site due to excused absences over 5.

I understand that I am responsible for transportation to OCC (The bus passes are provided by SCSD).

I will follow all rules established by the program and job training site.

I understand that snow days or emergency days off which are announced for; The City School District or OCC will be days off for the Campus Based Class. If school is closed I will not come to class or the jobsite.

I will have my OCC ID each day. I understand that if it is lost, I must pay the typical student replacement fee as determined by Onondaga Community College.

I am aware that students who do not comply with program rules and guidelines may be cut from the program or returned to the referring high school.

I will be an active participant and ask questions and communicate concerns to teachers either by myself with the advocate of my choice

I understand this program follows the vaccination regulations of the host site at OCC.

Student Signature

Date

Parent Signature

Date

To be completed by Homeschool Transition Coordinator

Guiding Questions for Transcript Review

1. Has the student earned the correct sequence of 22 credits?

English	4	1. 2. 3. 4.
Social Studies: U.S History (1) Global History (2) Participation in Government (1/2) Economics (1/2)	4	1. 2. 3. 4.
Science: Life Science (1) Physical Science (1) Life or Physical Science (1) <i>(one has to be a lab science)</i>	3	1. 2. 3.
Mathematics	3	1. 2. 3.
Language Other than English	1 [^]	
Visual Art, Music, Dance, and/or Theater	1	
Physical Education	2	
Health	0.5	
Electives	3.5	1. 2. 3. 4.
Total	22	

* Students with disabilities may be exempt from foreign language and would need an additional Elective credit to meet the 22-credit requirement.

2. Has the student sat for all of the 5 required Regents exams?

- a) Math-Scores: _____
- b) Science-Scores: _____
- c) Global- Scores: _____
- d) US History-Scores: _____
- e) English-Scores: _____

OPWDD CONSENT to release information
Student/Parent/Guardian Consent

Consent to disclose educational and health records to be used to:

Determine eligibility for OPWDD services and

Assist OPWDD eligible individuals to plan for OPWDD services

_____/_____/_____, student, or his or her
Student Name Student Date of Birth

parent(s) or guardian, consent to the disclosure of records and information maintained by
Syracuse City School District

to staff of :

The New York State Office for People with Developmental Disabilities Office (OPWDD) for the purpose of determining the student's eligibility for OPWDD services and to initiate planning for the student's OPWDD service needs.

Records and information to be disclosed include student and parent contact information, home school or social services district, as well as student psychological evaluations, developmental or social history, medical summaries and health status forms, adaptive assessment reports, Individual Education Program (IEP), current progress notes, and any other documents needed for eligibility or planning purposes.

Signature of Student Signature of Parent Date

Printed Name of Student/ Printed name of Parent Date

Email Address

Phone Number

Street Address

City, State, Zip Code

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
Authorization to Release / Obtain Information

(Please read instructions on page two before completing this form.)

VR-22 (3/12)

CONSUMER NAME	CONSUMER ID NUMBER
CONSUMER ADDRESS <i>[include street (apartment number or building, if applicable), city, state, zip]</i>	
<p>Adult Career & Continuing Education Services-Vocational Rehabilitation (ACCES-VR) has my permission to release or obtain information indicated in item #1 below. This information may include reports about my physical or mental condition, school records, facts necessary to determine my financial need, or other information that ACCES-VR needs to determine my eligibility and to provide vocational rehabilitation services. I understand that this information will be treated as confidential and privileged and will only be used for the purpose of obtaining services offered through ACCES-VR.</p> <p>I can change my mind about this release, by telling ACCES-VR in writing that I do not want any further information to be given out. I understand that information disclosed according to this consent may be subject to redisclosure and will no longer be subject to the HIPPA privacy requirements. This will not affect actions already taken with my permission.</p> <p>My permission to release or obtain information expires on date _____ or no later than one year from the date of signature, whichever is sooner.</p>	
<p>1. Most recent Psychological Evaluation with IQ scores Individualized Education Plan (IEP) or 504 Plan</p> <p>Employability Profile</p> <p>Career Plan</p> <p>Student Exit Summary</p> <p>Level 1, 2 and 3 Assessments</p>	
<p>2. Who is releasing this information? <i>(Insert the full name of this person or organization.)</i></p> <p>.....</p>	
<p>3. Who is receiving this information? <i>(Insert complete information about this person.)</i></p> <p>Name:</p> <p>Title: Vocational Rehabilitation Counselor</p> <p>Address: ACCES-VR, 333 E. Washington St, Suite 230, Syracuse, NY 13202</p>	
<p>4. Why is this information needed? To determine eligibility for ACCES-VR services and to assist with vocational planning.</p> <p>.....</p> <p>.....</p>	

I have read all of the information on this form. I understand and agree to what it says.

Consumer Signature	Date
Parent/Guardian Signature (If Under 18 Years of Age)	Date

This release meets all requirements of Title 45 section 164.508 of the Code of Federal Regulations, which implements HIPPA; Title 34 Part 99 of the Code of Federal Regulations, which implements the Family Education Rights and Privacy Act; and Title 42 Part 2 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse records. Form VES-540, *Prohibition on Redisclosure of Information Concerning Individuals with a Disability of Alcoholism or Substance Abuse*, must be attached to this form when necessary.