

SCSD/OCC  
Campus Based Partnership  
New Student Application for the  
2025-2026 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 selection process will include the following guidelines:

1. All students are encouraged to attend the tour of the program to become more familiar with the instructors, campus, classroom, philosophy, and job sites prior to applying. Visits with parents and/or care managers are also encouraged and can be arranged separately by calling Tara Osvoldik at **(315) 498-6092** to set up a meeting or ask questions.

2. Submit the **completed application by February 28, 2025** to:

Brian Buda  
Syracuse City School District  
School Counselor, Special Education Transition  
Rockwest Building 5<sup>th</sup> Floor  
1005 W. Fayette St. Syracuse, 13204  
bbuda@scsd.us  
315-435-4594  
FAX: 435-6469

Parent/Student Information

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. They are not able to participate in graduation until they have completed the Campus Based Program. 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 has **no onsite nurse** to administer medications; and is a **drug-free campus**.
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.

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
----------------------	--------	------	----------------------

---

Address House #	Street Name	Zip Code
-----------------	-------------	----------

---

Parent Name - First	Last	Parent Phone Number
---------------------	------	---------------------

---

Address House #	Street Name	Zip Code
-----------------	-------------	----------

**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 \_\_\_\_\_

Independent Living:

**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**, etc. **Examples:** hygiene, poor attendance, tardiness, safety plan information, elopement tendencies, or problems with authority figures, peers, or others?

---

---

---

---

---

Student Response Questions

The student must complete this section independently or the application cannot be processed. Complete in your 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 vocational 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 go into the workforce 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 \_\_\_**

## SAMPLE TO BE SIGNED ON ACCEPTANCE

### Campus Based Partnership Student Contact

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

I understand that this is a job related 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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## To be completed by Homeschool Teacher of Record

**\*\* Please DO NOT leave blank!\*\***

### 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 <sup>^</sup>	
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)**

<b>CONSUMER NAME</b>	<b>CONSUMER ID NUMBER</b>
<b>CONSUMER ADDRESS</b> <i>[include street (apartment number or building, if applicable), city, state, zip]</i>	
<p>Adult Career &amp; 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><b>1. Most recent Psychological Evaluation with IQ scores Individualized Education Plan (IEP) or 504 Plan</b></p> <p><b>Employability Profile</b></p> <p><b>Career Plan</b></p> <p><b>Student Exit Summary</b></p> <p><b>Level 1, 2 and 3 Assessments</b></p>	
<p><b>2. Who is releasing this information? (Insert the full name of this person or organization.)</b></p> <p>.....</p>	
<p><b>3. Who is receiving this information? (Insert complete information about this person.)</b></p> <p>Name: .....</p> <p>Title: <b>Vocational Rehabilitation Counselor</b></p> <p>Address: <b>ACCES-VR, 333 E. Washington St, Suite 230, Syracuse, NY 13202</b></p>	
<p><b>4. Why is this information needed? To determine eligibility for ACCES-VR services and to assist with vocational planning.</b></p> <p>.....</p> <p>.....</p>	

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

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

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.