

FLORIDA HSHT STUDENT ENROLLEMENT FORM 2016-2017

Enrollment Date: _____ **HSHT Site/County:** _____

Name: _____ **High School:** _____

Check one: New HSHT Student Returning HSHT Student HSHT Program Alumni

Address/City/State/Zip: _____

Phone Number _____ **Email** _____

Age: _____ **Date of Birth:** _____ **Grade:** _____ Male Female **Ethnicity:** _____

Parent/Guardian Name _____

Parent Phone Number _____ **Parent Email** _____

Student's Diploma Track

Standard Option: _____

Student's post-secondary education/transition plan:

Vocational Training State (Community) College/4-yr. University
 Employment Other (describe) _____

Student career interest: _____

Student's Employment Status:

Never worked Currently working **full time**, wage _____
 Has worked but is not currently working Currently working **part time**, wage _____

Student's disability category (as listed in IDEA, 2004), please check the *primary* disability:

- Autism (*includes Asperger's Syndrome*)
- Cognitive Disability, Intellectual Disability
- Deafness
- Deaf-blindness
- ED – Emotional Disturbance
- Hearing Impairment (*other than deafness*)
- Multiple Disabilities (*"which cause severe educational needs" IDEA, 2004*)
- Orthopedic Impairment (*Cerebral Palsy, amputation, polio, severe fractures or burns*)
- Speech or Language Impairment (*communication disorders such as stuttering*)
- SLD - Specific Learning Disability (*includes dyslexia and non-traumatic brain injury*)
- TBI - Traumatic Brain Injury (*caused by external physical force*)
- Visual Impairment Including Blindness
- OHI - Other Health Impairment (*ADD/ADHD, asthma, diabetes, epilepsy, health conditions*)
- Other Physiological, Psychological, or Mental Disability, (please describe) _____

This Project Funded By



Revised April, 2013

FLORIDA HSHT STUDENT ENROLLEMENT FORM 2013-2014

Name: _____

Student is a recipient of:

- SSI-Supplemental Security Income
- SSDI-Social Security Disability Insurance
- TANF-Temporary Assistance for Needy Families
- VR-Vocational Rehabilitation services
- WIA-Workforce Investment Act services (formerly JTPA; now Workforce, One Stop)
- IEP / IDEA-Individual Education Program/Individuals with Disabilities Education Act provisions
- MHO-Mental Health Outreach services
- DJJ-Department of Juvenile Justice services/involvement
- APD-Agency for Persons with Disabilities services
- DCF/Foster Care/Department of Children & Families services

Student participates/has participated in:

- A formal mentoring program (RAMP, Goodguides, Big Brothers/Big Sisters)
- The Project Impact Initiative
- The Florida Youth Leadership Forum (YLF)
- Florida Disability Mentoring Day (DMD)
- Career-related elective classes *or* dual-enrollment (**please list**)

 School clubs (**please list**)

This Project Funded By



EMERGENCY INFORMATION FOR FLORIDA HIGH SCHOOL HIGH TECH STUDENTS

STUDENT'S NAME: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____

HOME PHONE: () _____

ADDRESS: _____

WORK PHONE: () _____

RELATIONSHIP: _____

CELL PHONE: () _____

GUARDIAN, IF APPLICABLE:

NAME: _____

TELEPHONE: () _____

ADDRESS: _____

NAME OF PHYSICIAN: _____

TELEPHONE: () _____

PERFERRED HOSPITAL: _____

TELEPHONE: () _____

INSURANCE: _____

POLICY NO.: _____

PARENTS: IT IS IMPERATIVE THAT ALL STUDENTS HAVE INSURANCE, MEDICATIONS NEEDED, AND BE SELF-MEDICATING TO ATTEND FIELD TRIPS!

MEDICATIONS	DOSAGE/TIME	PHYSICIAN	TELEPHONE
<input type="checkbox"/> NONE			

Please provide information about the student that pertains to any precautions that we need to take during program activities.

Special needs/conditions: _____

Allergies: _____

Florida High School High Tech Application

Applicant Information

Name:

Current address:

City

State:

ZIP:

Email Address:

Referral Source: School System

Participant Funding: The ABLE Trust

Cell Phone:

Date of Birth:

Gender: Female Male

Ethnic Background:

Home Phone:

Work Phone:

Career Interest:

Please list Careers you are interested in:

Jobs you would like to learn about?

Please list your Hobbies, Interests & Skills:

I am interested in learning about:

Emergency Contact Information

Name:

Home Phone:

Address:

Cell Phone:

City:

State:

ZIP Code:

Relationship to Applicant:

Student Signature:

Date:

Parent/Guardian Signature:

Date:



OFFICERS

Michael W. Sullivan
Chairman of the Board

William J. Barrett
Vice Chairman

Carolyn S. Green
Secretary

Robert M. Arnall
Treasurer

Dale Schneider
Assistant Secretary

Thomas L. Feurig
President

DIRECTORS

Daniel Adams
Bernard A. Davis
Sherri G. Denning
Sharlene Dozier
Cheryl Eby-Gutjahr
Barbara Hartman
Hugh Kinsey
Michael R. McKinley
George T. Mann, Jr.
William L. McDaniel, Jr.
Judge R. Wallace Pack
Ray V. Pottorf
Judge George C. Richards
Chico Rivera
Belinda Rodriguez
Jon A. Simmons
Joseph D. Spielman

MEMBER

Goodwill Industries
International, Inc.

Commission on Accreditation
of Rehabilitation Facilities

Florida Rehabilitation
Association

The Mayor's Alliance

Florida Goodwill Association

United Way of Lee County

Photo Media Release Form

Date: _____ Person: _____
Student's Name

I hereby consent to the taking, publication and/or broadcast of photographs, videotapes and audio tapes being taken at or for Goodwill Industries of SW FL, Inc. I understand these productions may appear on television, radio and/or print.

I hereby waive all rights to claims for payment or royalties in connection with use, publication or exhibition of the above mentioned photos or tapes.

I release Goodwill Industries of SW FL., Inc., its Board of Directors and staff of any responsibility or recourse in the release of such information or taking of these photos and/or tapes.

Signature: _____
Student

If minor or unable to sign:

Parent/Guardian Signature: _____

Relationship to Student: _____



OFFICERS

Michael W. Sullivan
Chairman of the Board

William J. Barrett
Vice Chairman

Carolyn S. Green
Secretary

Robert M. Arnall
Treasurer

Dale Schneider
Assistant Secretary

Thomas L. Feurig
President

DIRECTORS

- Daniel Adams
- Bernard A. Davis
- Sherrri G. Denning
- Sharlene Dozier
- Cheryl Eby-Gutjahr
- Barbara Hartman
- Hugh Kinsey
- Michael R. McKinley
- George T. Mann, Jr.
- William L. McDaniel, Jr.
- Judge R. Wallace Pack
- Ray V. Pottorf
- Judge George C. Richards
- Chico Rivera
- Belinda Rodriguez
- Jon A. Simmons
- Joseph D. Spielman

MEMBER

- Goodwill Industries International, Inc.
- Commission on Accreditation of Rehabilitation Facilities
- Florida Rehabilitation Association
- The Mayor's Alliance
- Florida Goodwill Association
- United Way of Lee County



Building lives,
families, and
communities-
One job at a time

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____ SS#: _____

This will authorize Goodwill Industries SW Florida to release medical, psychiatric/psychological, vocational, financial, and social information from my record in accordance with State and Federal regulations to:

- | | |
|---------------------------------------|----------------------------------|
| Information to be OBTAINED () | FORWARDED () as follows: |
| <u> </u> Discharge Summary | <u> </u> Social |
| <u> </u> Medical | <u> </u> Financial |
| <u> ✓ </u> Vocational | <u> </u> Other (Explain) |
| <u> ✓ </u> Public Relations | <u> ✓ </u> Written |
| (newsletter, article, | <u> ✓ </u> Verbal |
| photo, etc.) | <u> ✓ </u> Electronic |
| <u> ✓ </u> Psychiatric/Psychosocial | <u> ✓ </u> Audio |
| | <u> ✓ </u> Video |

Record to be used for Florida High School High Tech Program.

I understand that I have the right to refuse this authorization and that the facility named above is released from all legal liability that may arise from the release of the information requested. I understand that this authorization may be revoked by me at any time by written notice to Goodwill Industries of Southwest Florida, Inc., or its representative. I further understand that the information released prior to my revocation cannot be retrieved, nor can Goodwill Industries of Southwest Florida, Inc., or its representatives be held responsible for such an act.

Prohibition on Re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by law. Any further re-disclosure is strictly prohibited.

This authorization will be valid for 365 days from the date of the student's signature as it appears below.

Student Signature _____ Date: _____

Legal Guardian Signature (if minor): _____ Date: _____

FL HSHT Representative: _____ Date: _____

**FLORIDA HIGH SCHOOL HIGH TECH PROGRAM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.**

FL HSHT FILE COPY

S TUDENT'S R IGH TS

You have the right:

- ❖ To be treated in the least restrictive manner and setting for your needs
- ❖ To receive services regardless of age, race, color, religion, sex, marital status, disability, or national origin
- ❖ To be the focus of decisions of your program goals and programming of services
- ❖ To be treated with dignity and respect, free from mental/physical abuse
- ❖ To refuse services – Your participation is voluntary and other help is available.
- ❖ To help with development of program plan with your family/friend present
- ❖ To possession of personal effects, clothes, and manage your own money
- ❖ To confidentiality – No material will be given by Goodwill without expressed permission
- ❖ To review information in your file
- ❖ To a fair wage for all work done as wages are established by U. S. Department of Labor
- ❖ To refuse participation in research activities
- ❖ To know the source of payment for your program
- ❖ To participate in planning your exit/discharge from program
- ❖ To have a personal representative to help protect your rights
- ❖ To bring grievance regarding violations of basic rights to your case manager, Vice President of Career Development Services or CEO within 5 working days to resolve in writing. Final decision made by CEO of Goodwill Industries of Southwest Florida, Inc. or outside agency if not satisfied

I understand and agree with the above Student Rights and will retain a copy for my records.

Student's Signature

Date

Legal Guardian's Signature

Date

FL HSHT Coordinator's Signature

Date

FLORIDA HIGH SCHOOL HIGH TECH PROGRAM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.

STUDENT COPY

STUDENT'S **R**IGHTS

You have the right:

- ❖ To be treated in the least restrictive manner and setting for your needs
- ❖ To receive services regardless of age, race, color, religion, sex, marital status, disability, or national origin
- ❖ To be the focus of decisions of your program goals and programming of services
- ❖ To be treated with dignity and respect, free from mental/physical abuse
- ❖ To refuse services – Your participation is voluntary and other help is available.
- ❖ To help with development of program plan with your family/friend present
- ❖ To possession of personal effects, clothes, and manage your own money
- ❖ To confidentiality – No material will be given by Goodwill without expressed permission
- ❖ To review information in your file
- ❖ To a fair wage for all work done as wages are established by U. S. Department of Labor
- ❖ To refuse participation in research activities
- ❖ To know the source of payment for your program
- ❖ To participate in planning your exit/discharge from program
- ❖ To have a personal representative to help protect your rights
- ❖ To bring grievance regarding violations of basic rights to your case manager, Vice President of Career Development Services or CEO within 5 working days to resolve in writing. Final decision made by CEO of Goodwill Industries of Southwest Florida, Inc. or outside agency if not satisfied

I understand and agree with the above Student Rights and will retain a copy for my records.

Student's Signature

Date

Legal Guardian's Signature

Date

FL HSHT Coordinator's Signature

Date

**FLORIDA HIGH SCHOOL HIGH TECH PROGRAM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.
INDIVIDUALIZED CAREER / EDUCATION PLAN**

STUDENT INPUT

My career interest is _____

I would be interested in a site visit to _____

I would like to Job Shadow a person that works as a _____

STUDENT ACKNOWLEDGEMENT

I participated in the development of this plan. The goals and objectives contained in this plan were established by me, with the assistance of my HS/HT Coordinator. I accept this plan and its contents and will participate in periodic reviews, updates, and modifications as necessary so that I may accomplish my post-secondary goals. It is my responsibility to maintain the agreements set forth in this plan and to work with my HS/HT Coordinator in a coordinated effort to earn my high school diploma.

Student Name: _____ Student Signature/Date: _____

HSHT Coordinator Signature: _____ Date: _____

DEMOGRAPHIC DATA

Address: _____ Social Security No.: _____

City: _____ State: _____ Zip: _____ Telephone No.: () _____

Date of Birth: _____ Referring Agency: _____ Contact and Phone () _____

Disability / Disadvantage: _____

**FLORIDA HIGH SCHOOL HIGH TECH PROGRAM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.
INDIVIDUALIZED CAREER / EDUCATION PLAN**

STUDENT NAME: _____

CAREER / SCHOOL GOAL: _____

GOALS / OBJECTIVES	RESPONSIBLE PERSON(S)	TRANSITION ACTIVITY	TIME FRAME	REVIEW DATE	OUTCOME OR UPDATE
FOR EXAMPLE: STUDENT'S CAREER GOAL IS TO BECOME A CHEF	STUDENT, PROGRAM COORDINATOR, POSSIBLY PARENT FOR TRANSPORTATION	JOB SHADOWING	FALL SEMESTER 20__	DECEMBER __, 20__ (LAST MEETING BEFORE WINTER BREAK)	STUDENT JOB SHADOWED AT OLIVE GARDEN DURING DMD IN OCTOBER, 20__
1. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
2. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

FLORIDA HIGH SCHOOL HIGH TECH PROGRAM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.

DISCHARGE **S**UMMARY

Student's Name: _____

Conference Date: _____

DISCHARGE SUMMARY: Dates of Service: From _____ to _____ ETO _____

Date of Discharge: _____ Reason for Discharge: Voluntary Involuntary

Did participant successfully complete the program? Yes No If no, explain: _____

Was consumer given a Consumer Satisfaction Survey? Yes No If no, explain: _____

Please check any that apply for reasons to discharge consumer:

Moved away No longer interested Not able to contact for services after repeated attempts

Non-Compliant Medical Reasons Indefinitely ON HOLD for personal reasons

OTHER _____

Student Signature: (if available) _____ Date: _____

FL HSHT Coordinator's Signature: _____ Date: _____

cc:

____ Student

____ Parent / Guardian

____ Copy to file

____ Other _____