

LEAP Program Application



Please complete all sections and return to your school contact.

Student's Name _____ Date of Referral _____

Primary Disability _____

School or Program the student currently attends _____

Grade Level _____

Name and title of person making the referral _____

Telephone _____ Email _____

How long have you known the applicant? _____ Relationship _____

This program provides non-paid work skills training within the community with contracted work sites. Applicants must meet eligibility criteria to be considered.

List work experience including CBVE's, CBI's, Volunteer:

Please list any health or medical issues including allergies that may impact the training program:

LEAP Eligibility Criteria and Agreement

- Must be at least 18 years of age with a documented disability
- Completed a majority of core courses for graduation
- Transportation arranged by referring school
- Complete an interview with the LEAP Trainer
- Comply with all work site policies and procedures
- Social skills are in compliance with worksite requirements
- Communicates a desire to participate in a nonpaid work internship

Must demonstrate independence for all personal needs
Functions in a (1) to eight (10) student ratio
Communicates effectively with or without assistive technology
Takes directions from site mentors and supervisors
Commits to four hour work sessions

Students who do not satisfy 100% of the above criteria will not be considered eligible for the program. Reconsideration will be given after 90 days if the referring individual can provide documentation that the deficits have been addressed. Upon acceptance into the LEAP Program, students must demonstrate the ability to adhere to the program rules and site policies during the 30 day probationary period.

Intern Name: _____

Address: _____

Date of Birth: _____ **Age:** _____

Guardian Information:

Name: _____ **Relationship** _____

Home Phone: _____ **Work Phone:** _____

Signature of Student: _____

Signature of Guardian: _____

THIS AREA TO BE COMPLETED BY LEAP TRAINER ONLY

Date of interview: _____ **Site location:** _____

LEAP Trainer Notes:

LEAP TRAINER SIGNATURE: _____