



HIGH SCHOOL • HIGH TECH



2008-2009

New Student Application Form LEAP: High School/High Tech Program

To Be Completed By The Student

DIRECTIONS: All students who wish to participate in the High School/High Tech (HS/HT) activities during the 2008-2009 school year **must** complete the application return it to your HS/HT Program Coordinator.

Thank you for your interest in High School/High Tech. This is an innovative program that provides unique opportunities for youth ages 14-22 who have a range of disabilities and who are interested in pursuing post-secondary education and a future career in the science, technology-related, engineering and/or mathematics fields. These opportunities incorporate preparatory experiences such as career exploration, connecting activities that link students to community resources, work-based experiences that include job shadowing and internships, and leadership development activities such as community service projects. HS/HT will offer a minimum of two extracurricular activities per month during the academic year.

Please contact HS/HT Program Coordinator Beth Thompson regarding any questions in completing this application or about the program at 216-696-2716 or at bthompson@leapinfo.org.

Please return completed applications to Beth Thompson at 1468 West 25th Street, Cleveland, Ohio 44113

Thank you in advance for completing this form. You will be contacted by the Program Coordinator within two weeks upon receiving this application.

HIGH SCHOOL/HIGH TECH PROGRAM APPLICATION

I. PERSONAL INFORMATION

Name: _____ Date: _____

Complete Address: _____

Phone Number: (Home) _____ (Mobile) _____

E-mail: _____

SSN: _____ Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: African Amer Asian Amer Hispanic/Latino Native Amer
 Caucasian Hawaiian/Pacific Islander

School Attending: _____ Grade level as of August 23rd: _____

Previous School: _____

Emergency Contact & Phone Number: _____

Relationship to Emergency Contact: _____

II. Agreement of Participation

If I am eligible for this program I will participate in High School/High Tech. I have chosen to participate in the High School/High Tech Program. I understand the scheduled workshops, field trips and other experiences are created to enhance opportunities available to me and I will do my best to attend all regularly scheduled activities.

Student Signature: _____ Date: _____

I hereby approve of this student's participation in all program activities of HS/HT, including field trips, and will not hold HS/HT, or any persons connected with the activities, liable in case of an accident.

Parent Signature: _____ Date: _____

III. Accommodations

High School High Tech students have a variety of disabilities, including learning disabilities, vision and hearing impairments, orthopedic disabilities etc. The purpose of this program is to offer activities where accommodations have been made to ensure that each student receives quality opportunities to explore and develop interests in technology-related career fields. In order for this program to be successful, each student participating must be an effective advocate for him or herself. This includes providing HS/HT staff with specific information about your disability and needed accommodations.

To be eligible for this program you must check at least one of the boxes below.

How would you categorize your disability (check all that applies)? Please list any needed accommodations directly next to the type of disability you have checked.

X	Disability	Accommodations
<input type="checkbox"/>	Autism Spectrum	
<input type="checkbox"/>	Low Vision or Blind	
<input type="checkbox"/>	Hard of Hearing or Deaf	
<input type="checkbox"/>	Orthopedic	
<input type="checkbox"/>	Multiple Disabilities	
<input type="checkbox"/>	Specific Learning Disability	
<input type="checkbox"/>	Traumatic Brain Injury	
<input type="checkbox"/>	Emotional/Behavioral	
<input type="checkbox"/>	Other Health Conditions	

To provide comprehensive programming for HS/HT students it is important that each student informs the Program Coordinator if they are currently working with other vocational and/or social service agencies, such as the Bureau of Vocational Rehabilitation (BVR), Bureau of Services for the Visually Impaired (BSVI), Cuyahoga County Board of Mental Retardation and Developmental Disabilities (CCBMR/DD), or others.

If you are currently working with a counselor or caseworker from one of the above listed organizations please provide us with their name and contact information.

(Name)

(Phone number/contact info.)

(Name)

(Phone number/contact info.)