



# 2023 STUDENT INTERNSHIP EXPERIENCE PROGRAM

Allegany-Steuben Counties Chapter NYSARC, Inc.  
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## APPLICANT INFORMATION SHEET FROM SCHOOL

Student: \_\_\_\_\_ School: \_\_\_\_\_  
(Last) (First)

Is student OPWDD Eligible?  Yes  No Anticipated Date Leaving School: \_\_\_\_\_

Is student Medicaid Waiver enrolled?  Yes  No Medicaid ID # if known: \_\_\_\_\_

If no, who will assist in enrollment? \_\_\_\_\_

### **Care Manager (CM) or Care Coordinator Information:** if available (*Care Coordination Organization*)

Name: \_\_\_\_\_ C.C.O: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**What type of diploma or certificate is the student on track for?**  Regents  Advanced Regents

Local Diploma

Career Development and Occupational Studies (CDOS) Commencement Credential

Skills and Achievement Commencement Credential (SACC)

Career and Technical Education Endorsement. Type \_\_\_\_\_

Other \_\_\_\_\_

Has the student been referred to ACCES-VR?  Yes  No

Is there an active/open case for employment supports?  Yes  No

Is the student participating in the ACCES-VR's Pre-Employment Transition Services (Pre-ETS)  Yes  No

Does the student attend job readiness or career preparation classes?  Yes  No

Has the student participated in vocational or career assessments?  Yes (please attach)  No

If yes, what were the outcomes of the vocational assessments? \_\_\_\_\_

What vocational and career skills is the student currently developing? \_\_\_\_\_

What is the student's level of independence in school? \_\_\_\_\_

What is the student's level of independence in community? \_\_\_\_\_

Does the student have an assigned Aide?  Yes  No If yes- what level? \_\_\_\_\_

What supports, accommodations and adaptive equipment do you think the student would need in an employment setting? \_\_\_\_\_

List all previous work or volunteer experiences and skills learned:

Worksite or volunteer site	Dates	Title	Skills Learned	Paid or Unpaid	Liked or Disliked

Describe any challenges the student faced during work/volunteer experiences: \_\_\_\_\_

Please describe any potential barriers to a successful work placement in the community after leaving school (i.e. family concerns, travel, residential supports, lack of clinical supports, etc): \_\_\_\_\_

Does the student have valid govt. issued photo ID?  Yes  No  Unknown

Does the student have a Social Security card?  Yes  No  Unknown

If no who will assist the person to obtain the required documents? \_\_\_\_\_

School Personnel Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_