

BEST STEP 2023 Application

IMPORTANT: *Some of this application must be completed by the Parent/Guardian and some by the Student/Applicant*

BEST (Building Employment Skills for Today) Camp:

BEST is a 1-week summer camp where students will engage in activities to enhance their job search and career interest, workplace readiness to develop social and independent living skills, exploration of education and training programs for after High School, self-advocacy skills, peer mentorship, team- work and whole lot of fun!

Optional - STEP (Summer Transition Employment Program):

In STEP, students will experience a part-time, paid internship in their communities with job coaching assistance.

Important: Eligibility for the STEP program requires successful completion of BEST Camp.

Name:

Please check all that apply:

Check all that apply.

- ☐ Student has a disability.
- ☐ Student is 16 or older by June 1st.
- ☐ Student is a client of DRS.
- ☐ Student is not a DRS client.

High School Teacher of Record Name AND Email Address:



Name of School:

Applicant Email Address:

Does the Applicant Email Address belong to the student or someone else? *Mark only one oval.*

☐ Student

☐ Other:

SECONDARY Email Address:

Who does the SECONDARY email address belong to (for example, mom, dad, family friend, etc.)?

Contact Phone Number:

Does the Contact Phone Number belong to the student or someone else?

Mark only one oval.

☐ Student

☐ Other:

EMERGENCY Contact Phone Number:

Who does the EMERGENCY contact phone number belong to (for example, mom, dad, family friend, etc.)?

Does the applicant already have a DRS Counselor assigned to them?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Not sure

Counselor Name (if one has been assigned):

Student's Shirt Size - In adult sizes - (choose one):

Mark only one oval.

- ☐ XS
- ☐ S
- ☐ M
- ☐ L
- ☐ XL
- ☐ XXL
- ☐ 3XL
- ☐ Other: _____

PLEASE LIST ACCOMMODATIONS (Include any special accommodations needed, such as an interpreter, reader, large print materials, Braille, etc.)

FOR STUDENT: I understand that by participating in this summer program, I must abide by policies and procedures set forth by the Oklahoma Department of Rehabilitation Services, the affiliated school/school district, host , OU Pre-ETS, and the employer in which I will be placed for my summer job experience (STEP). I understand I must be on time, be present each day, pay attention and participate, and do my best to be a productive student. I also understand that I could be asked to leave the program if I am not fulfilling requirements of the program or violate any of the policies and procedures.

Mark only one oval.

☐ Affirm

☐ Decline

Date: *

Example: January 7, 2019

FOR PARENT/GUARDIAN: I understand that participants in this program must be able to work independently. I understand that by agreeing to participate in this summer program, I will ensure my child fulfills all requirements of the program and is in attendance all required program days. I understand my child may be asked to leave the program if he or she is not fulfilling the program requirements or otherwise violates policies and procedures.

Mark only one oval.

☐ Affirm

☐ Decline

Date:

Example: January 7, 2019

FOR PARENT/GUARDIAN: I understand that acceptance to this program requires selection based in part on successful completion of an interview with program staff. I understand that BEFORE participating in this summer program, two forms of Identification will be required PRIOR to the start of the summer programs. - If accepted, a copy of the youth's SS# and/or birth certificate will be required.

Mark only one oval.

☐ Affirm

☐ Decline

Date:

Example: January 7, 2019

Please select the summer camp/program you would like to attend:

Mark only one oval.

- ☐ BEST Camp Only - Learn about important pre-employment skills in a classroom setting (4 weeks in June)
- ☐ Both BEST and STEP - Apply the skills learned in the classroom as an intern for a local employer (multiple weeks. Starts after the 4 weeks spent in BEST)

***The Following Section is For STEP Applicants ONLY**

PLEASE LIST YOUR TOP THREE JOB INTERESTS such as a working at a flower shop, working with animals, working outside, etc. If possible, we will try to match you with a job based on your interests.

Interest Area 1:

Interest Area 2:

Interest Area 3:

PLEASE list any dates between June 1st to July 31st that you ARE NOT able to participate in STEP.

I UNDERSTAND THAT BEFORE participating in BEST and/or STEP, two forms of Identification will be required PRIOR to the start of the summer programs. - If accepted, a copy of the youth's SS# and/or birth certificate will be required.

Mark only one oval.

☐ Affirm

☐ Decline

Signature (Enter full name to sign):

Date:

Example: January 7, 2019

*If selected for an interview, a PARENT AND THE STUDENT must attend. Upon selection you will be contacted for an interview date and time.
