

Project SEARCH at Dartmouth Hitchcock Medical Center Part 2: School Recommendation

Applicant Name: _____

Current School: _____

Forms to Fill Out, Sign and Return, check when complete:

- Project Search Application Part 2
- IEP or ISA (most recent)
- Psychological Evaluation and any other Assessments/Evaluations

Important Note: Upon acceptance all program participants (interns) must comply with Dartmouth Hitchcock Medical Center current Employment Requirements Policy as a Person of Interest, there will be pre-employment screening activities such as criminal background check, health assessment through Occupational Medicine which requires all participants to have the following vaccines: 2 Tuberculosis tests, Measles, Mumps and Rubella (MMR), Varicella, Tetanus/Diphtheria/Pertussis (Tdap), Hepatitis B, and Seasonal Influenza (flu).

Applications can be sent electronically via email to project.search@hitchcock.org or through the US Postal Service at the address below:

Project SEARCH at Dartmouth Hitchcock Medical Center
One Medical Center Drive, Room 4-H
Lebanon, NH 03756-0001
Attn: Brynne L. MacMurtry, Project SEARCH Instructor

For additional questions please call: (603) 650-6439

To be completed by staff:

Date Received: _____



PART 2: SCHOOL RECOMMENDATION

To be filled out by a school district personnel/case manager/teacher

Student Name:

Your Name:

Organization:

Phone:

Email Address:

Has the applicant met requirements for high school graduation? Yes No N/A

If yes, when will the applicant be accepting their diploma (month/year):

If no, what credit or course work does the applicant need to complete in order to meet graduation requirements?

Does the applicant still receive services from the school? Yes No

If yes, when will these services end?

The school district has committed to pay the tuition for the 2025-2026 for this student if they are accepted? Yes No

Number of days applicant has been absent in the current year:

Number of days applicant has been absent last year:

Comments about attendance and punctuality:

Has the applicant exhibited any behaviors that would impact his/her ability to independently maintain appropriate behavior in a professional environment? Yes No

If yes, please describe:

Has the applicant ever been suspended/excluded/removed from the school or program? Yes No

If yes, please describe and date:

Other than public education, has the applicant received any additional formal employment training? Yes No

If yes, please describe and include date(s):

Additional Comments (use an additional page if needed):

Signature: _____ Date: _____