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
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 2027-2028 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 _____