**Michigan Career and Technical Institute**

**PERT Student Application**

**(completed by parent/guardian)**

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| --- | --- | --- | --- |
| **STUDENT:** |       | **DOB** |       |
| **ADDRESS:** |       |
| **HOME PHONE** |       | **ALTERNATE PHONE** |       |

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| --- | --- |
| [ ]  Currently enrolled in School  | Current Grade 12 [ ]  11 [ ]  Exit/Graduation Date        |
| Diploma [ ]  Standard [ ]  Certificate of Completion [ ]  GED [ ]  |

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| --- | --- |
| **DRIVER’S LICENSE** Yes[ ]  No[ ]   | **LEARNER’S PERMIT** Yes[ ]  No[ ]  |
| **LEGAL STATUS** Have you ever been or are you currently (select one) On probation Yes[ ]  No[ ]  On parole Yes[ ]  No[ ]  |
| **Do you have any charges pending?** Yes[ ]  No[ ]  |
| **If you responded YES to any of the above legal status questions, please give details:**       |

**CONSENT TO ADMISSION**

* I give my consent (agree) to become a participant at MCTI for the PERT Program.
* I give my consent (permission) to MCTI Medical Staff to use their professional judgment to decide which treatments, medicines and procedures will help in my treatment and care.
* I understand that I will be told of the risks and benefits of the treatment before any treatment, medication or procedure occurs.
* I understand that any questions I have about the treatment, medication or procedure will be answered.
* I understand that I have a right to refuse or withdraw my consent to the treatment, medication, or procedure.
* I understand that I have a right to talk with MCTI Medical Staff about what might happen to my health if I refuse treatment, medication, or procedure.
* I understand that MCTI Medical Staff may not be able to continue to provide treatment to me if I refuse all treatment, medication or procedures that the Medical Staff know my help in my treatment and care.
* In an emergency, I authorize MCTI staff to use their professional judgment to provide treatment to prevent serious injury, serious deterioration of my health or prevent death.
* As a participant in this program, I understand that I am responsible for independently managing my medications.

The application for admission to MCTI PERT Program has been fully explained to me and I confirm that I understand its contents and it is complete and accurate to the best of my knowledge. A photocopy or fax of this form shall be valid as the original.

**Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Signature of Parent/Legal Guardian only if applicant is under 18 years of age or over 18 with Legal Guardian or court ordered appointed guardian. Please include supporting documentation with this application. |

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| **REMOVAL POLICY:****If the participant is required to leave campus for any reason, including but not limited to the reasons below, I agree to make arrangements for immediate pick up.*** **Completion of Program, Disciplinary, Personal, Lack of Progress/Performance, Medical/Psychiatric**
* **Facility Closure (no students shall remain on campus during closure times)**
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| --- | --- |
| Primary Name (Print)       | Home #       |
| Address       | Work #       |
|  | Cell #       |
| Relationship to applicant       |  |
| **Signature** | **Date** |

If I cannot be reached immediately, please contact:

|  |  |
| --- | --- |
| Secondary Name (Print)       | Home #       |
| Address       | Work #       |
|  | Cell #       |
| Relationship to applicant       |  |

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| Any additional persons with permission to transport this applicant if under 18 years of age or client with legal guardians, court appointed guardians please list contact information below: |

|  |  |
| --- | --- |
| Name       | Home #       |
| Relationship to Applicant       | Cell #       |
| Name       | Home #       |
| Relationship to applicant       | Cell #       |

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| EMERGENCY NOTIFICATION: Different from Removal Responsibility |

|  |  |
| --- | --- |
| Primary Name (Print)       | Home #       |
| Address       | Work #       |
|  | Cell #       |
| Relationship to applicant       |  |

**Michigan Career and Technical Institute**

**PERT Behavioral Questionnaire**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Described any events or behaviors that resulted in disciplinary action during the last 12 months. Include specific behaviors, in/out school suspensions, and date/frequency of these behaviors.
2. Are you aware if the student displayed verbally or physically aggressive behaviors? If Yes, please provide description of specific behaviors.

[ ]  Yes [ ]  No

1. Describe social/behavioral issues PERT should be prepared to handle and strategies that are effective/ineffective in dealing with them.
2. To your knowledge has the student expressed or exhibited self-harm behaviors? If yes, please describe the incident/behaviors. Include date(s) frequency and consequences.

[ ]  Yes [ ]  No

1. What strategies have been most effective with this student for these problem behaviors?

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Has the student had a psychiatric hospitalization in the past six months? [ ]  Yes [ ]  No

1. Is this student is currently involved with Mental Health Counseling? [ ]  Yes [ ]  N

If yes, please attach an updated counseling report, which includes a brief description of counseling and progress, as well as any specific concerns PERT staff should be aware of to facilitate the student’s success.

1. Is the student participating in any Vocational Courses/Training in High School? If yes, please describe below:[ ]  Yes [ ]  No
2. Does the student have any volunteer/work experience? If yes, please describe below: [ ]  Yes [ ]  No

Required supporting documents for behavior issues:

1. Behavior Intervention Plan or IEP behavior goals
2. Relevant School Discipline Record
3. Counseling Report
4. Letter of support for participating in the PERT Program from counselor

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| Completed by: |
| Relationship to Student |
| Phone #  | Date |