Coding Career Pathway Program

For Youth with Autism

APPLICATION 2021

Applicant Name:_____

FHF NOLA PARTICIPATION CRITERIA

Requirements to apply:

- Between the ages of 18-25
- Have a diagnosis on the Autism spectrum that qualifies one to be Louisiana Rehabilitation Services eligible
- Can complete the FHF NOLA training assessment
- Have interest in computer science
- Have family members/guardians who will support the student's participation in the coding program throughout the entire process.
- Have goals to work competitively upon completion of the program
- Be willing to listen and respond to directions from an instructor, support specialist, mentor, or work supervisor
- Have experience in attending and participating in classes for up to 50-90 minutes
- Be willing to study and meet with support staff, and others as needed on a weekly basis to review classwork and discuss progress
- Be willing to apply for services through Louisiana Rehabilitation Services and maintain a current Individualized Plan for Employment (IPE) in the final component of the FHF Coding Program
- Pass a drug screen and a criminal background check for apprenticeship and employment sites
- Provide a list of current medications, if applicable and keep the list updated with FHF staff
- Communicate any health issues or physical limitations to FHF staff

APPLICATION SELECTION PROCESS

1. The FHF NOLA coding staff will review the application, interview and assess applicant, determine acceptance, and contact applicant with decision.
2. Once accepted, the applicant must apply to school of choice with assistance from FHF NOLA coding staff.

APPLICATION FOR ADMISSION

Student Information:

Legal last name   _____

Legal first name   _____

Legal middle name _____

Preferred last name_____

Preferred first name_____

Gender: circle one male/female/non-binary

Preferred pronouns: circle one she(her)/he(him)/they(them)

Date of birth_____

Student cell phone number_____

Student email address   _____

Parent/Guardian information:

Parent/Guardian full name_____

Parent/Guardian cell phone_____

Parent/Guardian email address_____

Who should we contact regarding student?

☐ student

☐ parent/guardian

☐ both parent/guardian and students

EDUCATION EXPERIENCE:

What year will you or did you graduate high school? _____

What type of diploma did you receive?

       ☐Jump Start TOPS TECH

       ☐Act 833

       ☐Career Diploma LAA1

       ☐Certificate of Achievement

       ☐Other_____

Have you attended college or a training before? Circle one. Yes/No

       If yes, where?_____

       How long?_____ Completed Program? Circle one. Yes/No

MEDICAL CONDITIONS:

If you have medical needs or conditions of which we should be aware, please describe the condition(s) below: Life threatening   Yes/No

_____
_____
_____

Accommodations needed:

1.   _____
2.   _____
3.   Have you been exposed to Covid-19 in the past two weeks?   Yes/No

EMPLOYMENT/WORK EXPERIENCE:

Are you currently employed? Yes/No   If yes, where? _____

Will you maintain current employment during the academic semester in addition to taking classes?   Yes/No

Other:

1. Do you have any experience in computer coding? If so, what type of experience do you have?

2. Do you have an interest in learning how to code? From 1 to 10, with highest interest being 10.

3. Do you own a laptop computer?

4. Do you have access to transportation?

5. Do you play computer games? If so, how many hours per day?

6. Do you like math?

7. Have you participated in afterschool activities without a parent or caretaker present?

SERVICE AGENCIES: This information will be used to assist the selection committee in

determining if financial assistance for tuition and fees is available.

Do you receive services or supports from the following agencies?			
AGENCY	YES/No	COUNSELOR OR CASE MANAGER	PHONE/EMAIL ADDRESS
Louisiana Rehabilitation Services	Yes/No		
OCDD (JPHSA, MHSD	Yes/No		
OTHER:	Yes/No		
Do you have Medicaid NOW Waiver or Children's Choice?			Yes/No
Do you receive benefits from the Social Security Administration?	Yes/No		Describe:

For funding purposes:

A $25.00 non-refundable fee will be required at the time of registration. If you are successful with any portion of the Operation Spark coding instruction, the fee will be applied to your tuition.

I certify that all information provided above is correct and true.

Signature of student: _____

Date:_____

Signature of parent/guardian:_____

Date: _____