

2021 EARLY REACH ACADEMY APPLICATION

Student Information	
Student Name:	
Street Address:	
City, State, Zip:	
Student Phone:	Cell: Home:
Email Address:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male or <input type="checkbox"/> Female
School District, Building Name, City:	
Current grade in 2020-2021 school year:	<input type="checkbox"/> 11 <input type="checkbox"/> 12
Primary Disability:	
Other Medical Conditions and/or Disabilities:	
Contact Information	
Parent/Guardian Name:	
Parent/Guardian Name:	
Parent/Guardian Email Address:	
Parent/Guardian Phone:	Cell: Home:
Teacher Name:	
Teacher Email Address:	
Teacher Phone Number:	
OVR Counselor Name:	
OVR District Office:	<input type="checkbox"/> Harrisburg

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Requested Accommodations	
Classroom:	
Communication:	
Career Areas: List the top 3 career areas you are considering.	
1.	
2.	
3.	
Independent Living Skills: I currently can manage: (Check if yes)	
<input type="checkbox"/> My own money	<input type="checkbox"/> My own laundry
<input type="checkbox"/> My own personal hygiene	<input type="checkbox"/> My own medication
<input type="checkbox"/> My own food preparation on a stove/oven	
Travel Skills: (check if yes)	
<input type="checkbox"/> I travel independently within the school.	<input type="checkbox"/> I travel independently within my home area.
<input type="checkbox"/> I shop independently.	<input type="checkbox"/> I use public transportation.
<input type="checkbox"/> I use mobile GPS applications.	<input type="checkbox"/> I have a driver's license.
<input type="checkbox"/> I require a modified vehicle for transportation.	<input type="checkbox"/> I plan to obtain a driver's license.
Access Technology Skills: I regularly use the following access technology: (check if yes)	
<input type="checkbox"/> Kurzweil <input type="checkbox"/> Open Book <input type="checkbox"/> Smart Pen	
<input type="checkbox"/> Speech Communication Device <input type="checkbox"/> Tablet	
<input type="checkbox"/> Smart Phone <input type="checkbox"/> Computer <input type="checkbox"/> Digital Reader or Talking Book Player	
<input type="checkbox"/> iPad <input type="checkbox"/> iPad Mini <input type="checkbox"/> iPod <input type="checkbox"/> iPhone	
Other (Please specify):	
Please list the computer programs you currently use or are familiar with: (i.e. Word, Excel, Power point, etc...)	

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Mobile Applications:

Please list all mobile applications you currently use or are familiar with: (i.e. Google Maps, Wave, Notes, YouTube, etc.)

Please explain why you would like to attend the 2021 Early Reach Academy in the box below:

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Application Completed by:
Name:
Phone:
Email:

Application Instructions:

Selection of applicants is a competitive process. A maximum of 25 students will be accepted into the program.

Please return the following documents to Tracie A. Maille at:

tmaille@pa.gov

1. A completed application
2. Most recent IEP or 504 Plan
3. Re-evaluation (R/R)
4. Copy of transcripts

Final due date for applications and all required documents is

03/05/2021. Applicants will be notified of acceptance no later than 04/09/2021.

For application submission questions, please contact:

Tracie A. Maille, District Administrator/ERA Program Director
Bureau of Vocational Rehabilitation Services

tmaille@pa.gov

Or contact your local OVR Counselor:

Harrisburg District Office: 800-442-6352