



## Program Benefits

- ▶ On the job support / coaching
- ▶ Bi-Weekly workshops to learn about job-related issues
- ▶ Career portfolio development
- ▶ Students gain a clearer vision of personal likes, dislikes, wants and needs when considering career choices and future work environments



Looking for a Summer Job?  
Contact  
Jessica Minor  
662-2714

## Summer Teen Employment Program

Department of Vocational Services

Find out more!



Department of Vocational Services  
Maine Medical Center  
22 Bramhall Street  
Portland, ME 04102-3175  
Phone: 207-662-2088  
Fax: 207-662-4064

## Summer Teen Employment Program Fast Facts

- ▶ Eligibility:
  - Age 15-20
  - Diagnosed Disability
  - Interested in work!
- ▶ Seven week paid work experience
- ▶ 2013 session begins Monday, July 8th and runs through August 22nd
- ▶ Tuition = \$2,400 which includes:
  - Job Development by Trained Specialists
  - Wages and Compensation costs
  - Job Coaching
  - Assessment report of each student's work experience including recommendations
  - Attendance at an IEP or Transition meeting to present the participant's work experience
- ▶ Orientation June 25th from 5:30 to 6:30 at Maine Medical Center's Dana Center



### Program includes—

A wide range of work experiences in the Greater Portland community, such as:

- ▶ Food service / preparation
- ▶ Office support staff
- ▶ Child care worker
- ▶ Hospital Unit Worker
- ▶ Hotel Workers

Weekly workshops addressing work-related topics, such as:

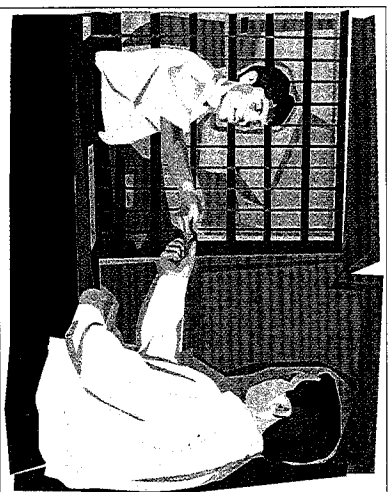
- ▶ Approaching employers
- ▶ Interviewing skills
- ▶ Respect of self and others
- ▶ Working relationships
- ▶ Resume development

### Participants will—

- ▶ Receive weekly evaluations of their work performance
- ▶ Complete weekly self-evaluations of their work performance
- ▶ Create a career portfolio

### The conclusion—

The seven week program is recognized with a celebration to honor and acknowledge each participant's success in completing the Summer Teen Employment Program. Family, friends, employers, and other support people are invited.



**Apply today!**

**Application  
deadline**

**April 1, 2013**



# Maine Medical Center

MaineHealth

DEPARTMENT OF VOCATIONAL SERVICES

March 2013

Dear Educators, Service Providers, and Families:

With the start of the New Year, Maine Medical Center's Department of Vocational Services is already looking forward to the 2013 Teen Employment Program! This program identifies summer jobs for students with disabilities. Qualifying teens from local areas participate in a program of employment and skills training.

Students will be employed for seven weeks from **July 8<sup>th</sup> to August 22<sup>nd</sup>**. In addition to their paid work experience, they participate in career focused workshops. These workshop sessions will cover topics related to employment such as interviewing skills, resolving work-related problems, and learning to get along with co-workers. Students will develop career portfolios, including a resume. At the program's conclusion, a formal evaluation is written with input from the students, the employer, and employment specialist. A celebration is held at the end of the work experience to honor a job well done.

The tuition for the program is **\$2,400.00**. The bulk of the tuition supports the cost of the student's wages and job coaching.

Included in this letter is the application which must be returned by **April 1<sup>st</sup>**. Please feel free to make copies of the referral sheet as needed, and feel free to call with any questions. We look forward to working with you and your student(s)!

Sincerely,

Jessica Minor  
Employment Specialist III  
Department of Vocational Services  
207 662-2714  
[minorj@mmc.org](mailto:minorj@mmc.org)

DEPARTMENT OF VOCATIONAL SERVICES TEEN EMPLOYMENT PROGRAM  
(207) 662-2714 FAX (207) 662-4064

NAME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGENCY \_\_\_\_\_ PHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF REFERRAL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_  
Name Relationship Telephone Number

FORM COMPLETED BY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

DISABILITY DIAGNOSIS

PRIMARY: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SECONDARY: \_\_\_\_\_

AREAS OF STRENGTH: \_\_\_\_\_

AREAS OF CHALLENGE (PHYSICAL AND/OR EMOTIONAL): \_\_\_\_\_

ENVIRONMENTAL ACCOMMODATIONS NEEDED: \_\_\_\_\_

CURRENT SUPPORT SERVICES AND AGENCY INVOLVEMENT (i.e. BUREAU OF MENTAL  
RETARDATION, MENTAL HEALTH, REHABILITATION, OR OTHER SERVICE): \_\_\_\_\_

PRESENT OR PAST INVOLVEMENT WITH THE LEGAL SYSTEM? \_\_\_\_\_

*If yes, please describe* \_\_\_\_\_

PLEASE IDENTIFY 2-3 SPECIFIC QUESTIONS OR GOALS FOR THE WORK EXPERIENCE: \_\_\_\_\_

**EDUCATION/WORK HISTORY**

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DIPLOMA/DEGREE: \_\_\_\_\_

TRAINING EXPERIENCE: \_\_\_\_\_

EMPLOYER	POSITION HELD	LENGTH OF TIME	REASON FOR LEAVING

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**FINANCIAL INFORMATION**

PRIMARY INCOME: \_\_\_\_\_

BENEFITS RECEIVED: (SSI, SSID, MEDICAID, OTHER): \_\_\_\_\_

AMOUNT/MONTH SOURCE

HOUSING: FAMILY HOME: \_\_\_\_\_ GROUP HOME: \_\_\_\_\_

INDEPENDENT: \_\_\_\_\_ SUPERVISED: \_\_\_\_\_

OTHER: \_\_\_\_\_

TRANSPORTATION AVAILABILITY/NEED: \_\_\_\_\_

=====

**CONSIDERATIONS FOR PLACEMENT**

GENERAL CONSIDERATIONS FOR PLACEMENT: \_\_\_\_\_

INDIVIDUAL INTERESTS/JOB PREFERENCE: \_\_\_\_\_

PHYSICAL ABILITY (i.e. ADAPTATIONS, MODIFICATIONS TO ENVIRONMENT): \_\_\_\_\_

SOCIAL/BEHAVIORAL CONSIDERATIONS (i.e. INTERACTS WITH OTHERS, UNUSUAL BEHAVIOR, ADAPTS QUICKLY TO CHANGE, ETC.): \_\_\_\_\_

LEARNING STYLE (i.e. DEMONSTRATION, WRITTEN INSTRUCTIONS, VERBAL INSTRUCTIONS, ETC.): \_\_\_\_\_

RECOMMENDED LEVEL OF SUPERVISION/SUPPORT (i.e. ONE ON ONE SUPPORT, PERIODIC CHECKINS, ETC.): \_\_\_\_\_

PLEASE ATTACH ANY INFORMATION THAT WOULD BE PERTINENT TO THIS INDIVIDUAL'S DISABILITY AND EMPLOYMENT POTENTIAL.