



DIVE-VRT

Delivering Innovative Vocational Education
Through Virtual Reality Technology

Application

APPLICATIONS ARE DUE ON OR BEFORE JUNE 1st FOR THE PROGRAM YEAR BEGINNING IN AUGUST.

Eligibility

- Youth cohort: **Enrolled in Freedom High School** and age 16-22
- Lifelong or acquired disability, excluding vision impairments/blindness, seizure disorders, or those who are pregnant.
- Ability to use a virtual reality headset.
- Functional communication system: Ability to communicate with staff verbally or with an assistive device. Required for interaction with virtual reality software and to engage with the class curriculum.
- Available to attend one Information and Demonstration Session during the Summer.
- Available to attend classes consistently both semesters.
- Reliable transportation throughout the program period.
- Ability to follow verbal and written directions, including those on a computer and virtual reality headset.
- 9th grade reading and math level
- Basic computer skills: typing, searching, selecting, emailing, and using Microsoft Office programs.

Admission Process

1. Complete the application form and submit the required documentation.
2. All participants who meet eligibility and screening criteria must attend a screening session. During this session, participants will meet DIVE-VRT staff, learn more about the program, have an opportunity to try out the virtual reality technology, complete a short reading and math assessment, and interview with staff.

Email: cbcs-divevrt@usf.edu **Website:** <https://dive-vrt.org> **Phone:** 813-974-2840

Award: H421F240044 - UNIVERSITY OF SOUTH FLORIDA

HCPS: RR-2526-374

Date Updated: May 2026

A Complete Application Package Includes:

1. Completed and signed **DIVE-VRT Application Form**
2. **Documentation of a diagnosed lifelong or acquired disability**, which can include: **Please upload your IEP.** We can also accept an SSI or SSDI award letter and medical documentation.
3. **Program Participation Agreement Form** - If you are under the age of 18 or have a legal guardian, please ensure that the parents or guardian also sign the document.
4. **Parent/Guardian Data Collection Consent Form**- Must be completed if the applicant is under 18, or over 18 and has a legal guardian
5. **Student Data Collection Consent Form**- Must be completed by all applicants.

Application Directions:

- Applicants should complete the application as independently as possible.
- Applications can be typed in the online form or printed neatly.
- If you require an accommodation to complete the application, please contact cbcs-divevrt@usf.edu
- If you need assistance with the application process or have questions, please contact cbcs-divevrt@usf.edu
- Application and materials can also be emailed to cbcs-divevrt@usf.edu
- You will receive an email to confirm that we received your application. Please do not call about the status of your application, as we will not be able to provide that information over the phone.
- The application and all supporting documents must be turned in on or before the Information and Demonstration Day.

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DIVE-VRT APPLICATION

Applicant Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

County: _____

Telephone (Please indicate if home or mobile): _____

Applicant email: _____

Parent/ Legal Guardian Information

Skip this section if you are over 18 and do not have someone who is your legal guardian. **Parents, complete if your student is in high school.**

Parent/Guardian Name: _____

Parent/Guardian Telephone Number: _____

Parent/Guardian Email: _____

Does this person serve as your legal guardian? _____

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Screener

Please circle your answer below

Are you at least 16 years old?

- Yes
- No

Were you born with a disability, or have you acquired a disability?

- Yes
- No

Do you have a visual impairment or blindness?

- Yes
- No

Have you ever had a documented seizure?

- Yes
- No

If you answered Yes, to the previous question, was the seizure within the past 10 years?

- Yes
- No

Are you currently pregnant?

- Yes
- No

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Tell Us About Yourself

1. Why are you interested in attending the DIVE-VRT program?

2. Do you have an interest in pursuing employment in a skilled trade? If so, what trade are you interested in? Please note the **2026-2027 DIVE-VRT** class will cover **general building maintenance**.

- Yes, please specify your desired trade _____
- No

3. Do you currently receive (or have you previously received?) support or services from any of the following agencies?

- Center for Autism and Related Disabilities (CARD)
- Vocational Rehabilitation
- Agency for Persons with Disabilities (APD)
- Social Security Administration
- I don't know
- None
- Other, please specify _____

4. If you are working with a vocational rehabilitation, please list the name, phone number, and email address of your Vocational Rehabilitation (VR) Counselor below:

- VR Counselor Name _____
- VR Counselor Phone Number _____
- VR Counselor Email _____

5. Do you speak English fluently (speak or read easily)?

- Yes
- No

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- 6. Do you have a functional communication system (ability to communicate with staff verbally, using sign language, or with an assistive device)?
 - Yes
 - No
 - I am not sure

- 7. Do you have basic computer skills? Please check all the activities you are able to do independently below.
 - Use Microsoft Office programs such as Microsoft Word, Teams, Outlook, PowerPoint, and Excel
 - Type a minimum of 15 words per minute
 - Use a mouse or a comparable assistive device
 - Use a computer or laptop keyboard
 - Write and receive emails
 - Other (please specify) _____
 - I am not sure
 - None

8. How comfortable are you with using the following types of technology? Please select the option that best describes your level of comfort for each.

	Very Comfortable (1)	Somewhat comfortable (2)	Somewhat uncomfortable (3)	Very uncomfortable (4)
Smartphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaming Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual Reality (VR) Headsets (Examples: Meta Quest, Apple Vision Pro, and Sony PlayStation VR 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Intelligence (Examples: Siri, Alexa, smart thermostats, ChatGPT, and navigation apps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Will you need any accommodations to participate in the program? (Examples can include voice recorders, extra time for tests and assignments, noise-canceling headphones, note-taking assistance, and copies of presentations) **You can upload your IEP below, and our team can review it**

Yes, please specify your accommodation needs below

No

I am not sure

10. What is your gender?

Male

Female

Prefer not to self-identify

11. What is your race? Please select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Latin/Hispanic

Native Hawaiian or Other Pacific Islander

White

Other (please specify) _____

Prefer not to self-identify

12. What is your primary disability (disability that most impacts you)?

Autism

Deafness

Emotional disturbance or Mental Health Condition

Hearing impairment

Intellectual disability

Orthopedic impairment (mobility)

Speech or language impairment

Specific learning disability

Other (please specify) _____

None

13. Do you also have other disabilities? If so, please select any that apply to you

Autism

Deafness

Emotional disturbance or Mental Health Condition

Hearing impairment

Intellectual disability

Orthopedic impairment (mobility)

Speech or language impairment

Specific learning disability

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- Other (please specify) _____
- None

14. Did you receive any help with completing this application?

- Yes
- No

15. If yes, who helped you complete this application?

- Name of the person who assisted you? _____
- What is their relationship to you? _____
- How did they help you? _____

Disclaimer and Signature

By signing this application, I hereby certify that all information contained in this application, and all documents submitted with it, is true, accurate, and complete to the best of my knowledge.

Applicant
Signature
(Even if
under 18): _____

Date: _____

Parent/ Legal Guardian Signature: _____

Date: _____

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Program Participation Agreement

- I understand that students are expected to fully participate in the DIVE-VRT program while in school.
- I understand that students are encouraged to communicate directly and to participate in collaborative decision-making with parents and staff regarding participation and follow-through in the DIVE-VRT program.
- I will attend the program daily and minimize absences. Repeated tardiness and absences will result in release from the program. Four absences per semester are permitted.
- I understand that students will handle DIVE-VRT equipment carefully and report any issues.
- I understand that students in the DIVE-VRT program are expected to conduct themselves professionally in their language, attire, and interactions with peers and staff.
- I understand that physical aggression towards oneself, peers, or staff is not permitted. If such behavior occurs, an immediate team meeting will be called to discuss the next steps.
- I understand that staff will work closely with the student, school staff, and parents to provide reasonable accommodations as needed and will call a team meeting if any concerns arise.
- I understand that students and parents are expected to promptly communicate needs, schedule conflicts, absences, and other matters that staff should be aware of.

Student signature(including student under 18): _____ Date: _____

Parent/ Legal Guardian signature: _____ Date: _____



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Data Collection Student Consent Form*

***If you are over 18, please complete this form.**

***If you are under 18 or over 18 and not your own guardian, complete this form AND have your parent or legal guardian complete the parent form.**

You have been asked to be part of the DIVE-VRT project. The DIVE-VRT project uses Virtual Reality technology to train you to become certified in a skilled trade. The DIVE-VRT project will also have in-person training to teach you about other essential employment skills and how to find a job in your trade. Then the DIVE-VRT project will connect you with an applied learning experience such as volunteering or an apprenticeship. The DIVE-VRT project will last roughly 18 months. As a participant, it is important for us to find out if you liked being part of it and if it helped you find a job. This will help us make it better for other participants in the future.

Anyone who agrees to take part in this project has rights. You have the choice to say yes or no to being part of this project.








	<p>What the project is trying to find out:</p> <ul style="list-style-type: none"> • What you thought about being part of the DIVE-VRT project. • Whether you think the DIVE-VRT project helped you find a job. • What recommendations you might have to improve the project.
	<p>What you will be asked to do if you participate?</p> <ul style="list-style-type: none"> • You will be asked to participate roughly five short surveys over the course of the 18 months that you are part of the DIVE-VRT project. Each one should not take more than five minutes. These surveys will ask some basic information about you. They will also ask if you feel you learned new skills and if the DIVE-VRT project helped you to get a job.
	<p>What are possible risks of taking the surveys? Risk means a chance of something bothering you.</p>

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	<ul style="list-style-type: none"> • Not knowing how to answer questions. • Not feeling comfortable sharing your thoughts about the DIVE VRT program. • <p>You can talk to Christine Hugh or Jaimie Timmons.</p>
	<p>What are the good things about taking the surveys?</p> <ul style="list-style-type: none"> • The surveys will help others find out whether the DIVE VRT project teaches people new skills and leads to a job.
	<p>What are your options for participating these surveys?</p> <ul style="list-style-type: none"> • You can say no to filling out a survey. • You can say yes to filling out a survey but only answer part of the questions. • You can fill out the entire survey.
	<p>You can ask any questions about the surveys at any time. Some questions you might ask are:</p> <ul style="list-style-type: none"> • How long will this survey take? • Do I have to do this survey? • How will you keep my information private? • Who sees the answers to my surveys?
	<p>Who do I talk to if I have questions?</p> <p>Christine Hugh chugh@usf.edu Jaimie Timmons Jaimie.timmons@umb.edu</p>
	<p>Contact Us:</p> <p>Christine Hugh chugh@usf.edu Tammy Jorgensen Smith smithtj@usf.edu Jaimie Timmons Jaimie.timmons@umb.edu</p>
	<p>How will my information be kept private?</p> <p>All the surveys will be kept in a secure file online. Only project staff with a password can it. that. Your name will not be known to anyone who reads your survey.</p> <p>We will take out your name and any information that could identify you. We will then store this information for five years. This information could be used for another study later. In this case we will not ask for you to consent again unless the study is very different.</p>

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After you understand everything, you can now choose YES or NO to participating
You can say “no” right away or after the DIVE-VRT project has started.



Examples of ways that other people have said no:

- I don't want to do this
- No thank you
- Sorry, I'm busy with other things

Please circle one

I **consent to/ do not consent** to participating in surveying and information-gathering activities during and after the DIVE-VRT program.

Student Signature:

Date:

Date of Birth:

If you are under 18 or under guardianship, we will also need to obtain permission from your parent, guardian, or someone who legally represents you. Proceed to Parent/Guardian Consent Form.

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Data Collection Parent/Legal Guardian Consent Form

Your son/daughter/ward has been asked to be part of the DIVE-VRT project. The DIVE-VRT project uses Virtual Reality technology to train participants to become certified in a skilled trade. The DIVE-VRT project will also have in-person training to teach participants about other essential employment skills and how to find a job in their certified trade. Then the DIVE-VRT project connects each participant with an applied learning experience, such as volunteering or an apprenticeship. The DIVE-VRT project will last roughly 18 months. As a participant, the DIVE-VRT project needs to find out what worked, what didn't, and how to improve. This will help us make it better for other participants in the future.

Anyone who agrees to take part in this project has rights. Your son/daughter/ward has the choice to say yes or no to being part of this project, and you, as a parent/guardian, have the choice to say yes or no.

	<p>What the project wants to find out?</p> <ul style="list-style-type: none"> • What your son/daughter/ward thought about being part of the DIVE-VRT project. • Whether it helped them find a job. • What recommendations they have for improvement.
	<p>What will your son/daughter/ward will do if they participate?</p> <ul style="list-style-type: none"> • Your son/daughter/ward will be asked to participate roughly five short surveys over the course of the 18 months that they are part of the DIVE-VRT project. Each one should not take more than five minutes. These surveys will ask some basic information about them. Surveys will also ask if they feel they have learned new skills and if the DIVE-VRT project helped them to get a job.
	<p>What are possible risks of taking the surveys?</p> <ul style="list-style-type: none"> • Your son/daughter/ward might not know how to answer some questions. • They may not feel comfortable sharing their opinions about the project. <p><u>Your youth/ward can skip any questions and still participate. If they feel uncomfortable, they can talk to Christine Hugh (chugh@usf.edu) or Tammy Jorgensen Smith (smithj@usf.edu).</u></p>

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	<p>What are the benefits of taking the surveys?</p> <ul style="list-style-type: none"> The surveys will help us understand if the DIVE-VRT project helps people learn new skills and find jobs.
	<p>What are your son/daughter/ward's options for the survey?</p> <ul style="list-style-type: none"> They can choose not to fill out the surveys. They can answer some questions. They can answer all the questions.
	<p>Your son/daughter/ward can ask questions about the surveys at any time, and so can you.</p>
	<p>Who can my son/daughter/ward talk to if they have questions or who can I talk to if I have questions?</p> <p><u>Christine Hugh</u> (chugh@usf.edu) or <u>Tammy Jorgensen Smith</u> (smithtj@usf.edu) will answer any questions you may have.</p>
	<p>Contact:</p> <p>Christine Hugh chugh@usf.edu</p> <p>Tammy Jorgensen Smith smithtj@usf.edu</p> <p>Jaimie Timmons Jaimie.timmons@umb.edu</p>
	<p>How will my son/daughter/ward's information be kept private?</p> <ul style="list-style-type: none"> All surveys responses will be stored securely online, and only project staff with a password can access them. Your son/daughter/ward's name will not be known to anyone who reads their surveys.



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	<ul style="list-style-type: none">We will remove any identifying information and keep the data for five years. If the data is used in a future study, we will not ask you to consent again unless the study is very different.
 	<p>After reading this information, you can choose YES or NO to consent for your son/daughter/ward to participate in the DIVE-VRT project.</p> <p>Reminder: Even if you agree now, your son/daughter/ward has the right to say NO to participating at any time, even after the project starts.</p> <p>Please ensure they review and sign the student consent form.</p>

I **consent to/ do not consent** to having my son/daughter/ward participate in surveying and information-gathering activities during and after the DIVE-VRT program.

Student Name:

Parent/ Legal Guardian Name (Print):

Parent/Legal Guardian Signature:

Date:

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