

Aspire

LEARN MORE. EARN MORE.

Aspire services:

- Instruction to help adults improve their skills in reading, language, writing, and math.
- Assists students in preparing for Work Keys testing.
- Provides focused instruction for students seeking to earn their GED or High School Diploma.
- Transition and life skills services – including employment and post-secondary

Class Times: Monday – Thursday: 9am – 12pm and 5pm – 8pm. Chillicothe building is open 9am-8pm

Cost:

- Classes, books and supplies are all free.
- GED test costs \$120.00 for all 4 parts; there are vouchers available to offset \$80.00 for first time test takers. There are specific actions required by the test candidate to receive the voucher. Practice Test fees are \$6.00 per section.
- ADP, once approved by ODE, all expenses are paid directly to the school by ODE.
- 22+, once approved by ODE, all expenses are paid directly to the school by ODE.

Agencies partnering with Aspire:

- Pickaway and Ross Counties Job and Family Services
- One-Stop System
- Chamber of Commerce
- Ohio State University Extension (Family Nutrition Program)
- Pickaway Ross Career & Technology Center
- Ohio University
- Chillicothe, Ross County Library

Registering for the GED test or Official Practice Test:

Go to www.ged.com. Find a test location. You will be directed to a specific page with information for the matching funds voucher. Complete an application and pay for the test.

GED test sites:

- Pickaway-Ross Career and Technology Center, 1410 Industrial Drive, Chillicothe.
- 424 East Mound Street, Circleville, Ohio. Testing is done most Wednesdays.
- Check www.ged.com for test schedule.

Ohio Means Jobs:

- All students must create an online account and career profile.

Class cancellation announcements:

Pickaway Ross Aspire will be open during winter weather unless there is a Level 2 snow emergency, Closings due to staff meetings or holidays will be posted.

Questions? Call 740-779-2035 (Chillicothe) or 740-642-1294 (Circleville).

Aspire

LEARN MORE. EARN MORE.

Welcome to the PRCTC Aspire Program. It is our goal that participants have a positive experience while attending the program. A respectful, pleasant learning environment will be maintained.

1. Maintain an atmosphere that supports learning: quiet, appropriate language, appropriate calm behavior, no texting or answering cell phones during class.
2. Respect students, staff and materials: materials do not leave the classroom,
3. No Smoking: please use the **designated smoking area at the picnic table** or your car. Do not gather in front of the entrance doors. No tobacco products should be present in the classroom; this includes vapors.
4. No illegal activity: drugs, alcohol, weapons, harassment, **physical contact**.
5. Maintain reasonable attendance. Students are expected to attend each class session. Instructors should be informed of planned absences. Unexcused absences of more than 2 per week or 5 per month may be grounds for removal from the class. Students will not be able to reenter class until the next open session.

Should violations of these guidelines occur, the instructor or coordinator will discuss it privately with the individual/s involved in the situation. A written warning will be issued and placed in the student file; the referring agency may be contacted. Recurrence may result in expulsion from the program.

Please read, sign, and date these guidelines to document your understanding and acceptance of them.

Print Name: _____

Sign Name: _____ Date: _____



Pickaway-Ross CTC Aspire
40 West 5th Street
Chillicothe, Ohio 45601
740-779-2035

Computer and Internet Acceptable Use Policy for Students

Resources, including Internet access are available to students and staff at Aspire who qualify. To qualify, students must read, sign, and return this Acceptable Use Policy.

The staff of Aspire strongly believes in the educational value of such electronic services and recognizes their potential to support learning. Every effort will be made to provide quality experiences to students and teachers using these information services, however, inappropriate and/or illegal interaction with any information service is **strictly prohibited**.

Please read this document carefully. Only after you have read, signed and returned this document, will you be permitted access to the technology services.

Listed below are the provisions of this agreement. If any student violates these provisions, access to the technology service may be denied, and the student may be asked to leave Aspire.

Terms and Conditions of the Agreement

1. **Personal Responsibility:** Accept personal responsibility for reporting any misuse of the technology to a staff member. Misuse may come in many forms, but it is commonly viewed as any message(s) sent or received that indicate or suggest pornography, violence, unethical or illegal requests, racism, sexism, inappropriate language, and any action which could potentially damage a computer.
2. **Term of Permitted Use:** Students who submit this properly signed document may use the computers and internet access during their Aspire enrollment period.
3. **Acceptable Use:**
 - a. The computers are available for educational and employment purposes. This includes classroom activities, research activities, resume-writing, job search, etc. Personal use, such as checking email or Facebook, is not permitted. A user log may be maintained where student signature, computer number, begin time, and end time are recorded.
 - b. Computer use must respect resource limits.
 - c. Material should not be stored on the computer. The administrator will review the hardware and software to ensure proper use. Students should expect that their work will be viewed by others.

Unacceptable Use:

- a. The computers may not be used to download, copy, or store any software, shareware, or freeware without prior permissions from the Aspire coordinator.
- b. Only emails for educational or job search purposes are permitted.
- c. Gaming is not permitted.
- d. Computers may not be used for commercial purposes, advertising, or political lobbying.
- e. Computers may not be used for any activity, or to transmit any material, that violates United States or local laws. This includes, but is not limited to, illegal activities such as threatening the safety of another person, violating copyright laws, or drug/alcohol promotions.
- f. Users may not use vulgar, derogatory, or obscene language. Users may not engage in personal attacks, harass another person, or post private information about another person.
- g. Users may not access Web sites, newsgroups, or chat areas that contain material that is obscene or that promotes illegal acts. (Disputes concerning these definitions will be settled at the discretion of the administration.) If a user accidentally accesses this type of information, he or she should immediately notify an instructor.
- h. Users may not engage in "spamming" or participate in chain letters.

4. Privileges:

The use of the technology services is a privilege and inappropriate use will result in a cancellation of those privileges. Each person with access to the Internet will participate in a discussion with an Aspire staff member as to proper behavior and use of the network. The Aspire Coordinator will rule upon inappropriate use and may deny, revoke, or suspend usage.

5. Network Etiquette, Privacy, and Safety:

Users are expected to abide by the generally accepted rules of etiquette, privacy, and safety. These rules include, but are not limited to, the following:

- A. Be Polite.
- B. Use Appropriate Language.
- C. Respect Privacy of yourself and others.
- D. Disruptions – Use the computers only in a manner that does not disrupt the use of equipment by others.

6. Services:

Pickaway-Ross Career and Technology Center and Ross County Aspire make no warranties of any kind, whether expressed or implied, for the technology service it is providing. PRCTC and Aspire will not be responsible for any damages suffered while on this system. These damages include loss of data as a result of delays, non-deliveries, mis-deliveries, or service interruptions caused by the system or your errors or omissions. Use of any information obtained via the system is at your own risk. PRCTC and Aspire specifically denies any responsibility for the accuracy of information obtained through its Internet services.

7. Vandalism:

Vandalism is defined as any malicious attempt to harm or destroy any computer or peripheral equipment or data of another user or any other networks connected to ours. This includes, but

is not limited to the uploading or creation of computer viruses. Any vandalism will result in the loss of computer privileges, disciplinary action, and legal referral. No software may be brought from home.

STUDENT:

I understand and will abide by the provisions and conditions of this agreement. I understand that any violations of the above provisions may result in the revocations of my privileges and appropriate disciplinary actions. I also agree to report any misuse of the technology system to a staff member.

Student Name (Print)

Student Signature

Date

Media Release

Aspire may develop, participate in, or be the subject of media and/or electronic-based (Internet) presentations. This could include: videotapes, Power Points, photographs, or webpages. These may be used in recruitment presentations, the Pickaway Ross Career & Technology Center home page, media festivals, or public relations items.

This release is made and entered into (Date) _____ between (Name) _____ and Pickaway Ross Career & Technology Center. This release grants Pickaway Ross Career & Technology Center permission to use the student's name and/or voice, likeness and any or all of the audio or video footage for the above stated purpose.

Student Signature

Date

Student Registration Form

EDUCATION			
Highest Degree or Level of School Completed			
<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 (No Diploma)	<input type="checkbox"/> Secondary School Diploma <input type="checkbox"/> Secondary School Recognized Equivalent <input type="checkbox"/> Some Postsecondary education, no degree <input type="checkbox"/> Postsecondary or professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> No School
			School Location: <input type="checkbox"/> U.S Based School <input type="checkbox"/> Non-U.S. Based School
REASON(S) FOR ATTENDING THIS PROGRAM (Check all that apply)			
<input type="checkbox"/> Improve Job Prospects <input type="checkbox"/> Obtain a Secondary School Diploma / High School Equivalency <input type="checkbox"/> Obtain a Driver's License <input type="checkbox"/> Qualify for Training / Military <input type="checkbox"/> Help Children	<input type="checkbox"/> Social / Self <input type="checkbox"/> Qualify for College <input type="checkbox"/> Required <input type="checkbox"/> Reading Competency <input type="checkbox"/> Math Competency	<input type="checkbox"/> Other Please specify: _____ _____ _____	(ESOL Students Only) <input type="checkbox"/> Learn Better English <input type="checkbox"/> Achieve Citizenship Skills <input type="checkbox"/> Vote or Register to Vote <input type="checkbox"/> Increase Involvement in Community Activities
RELEASE OF INFORMATION			
<p>I, (print name) _____, authorize the Chancellor of the Ohio Department of Higher Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.</p>			
Student/Examinee information released for the purpose of:	Employment Ohio Department of Job and Family Services 30 East Broad Street, 32nd Floor Columbus, Ohio 43215	High School Equivalence Diploma Ohio Department of Education 25 S. Front Street Columbus, Ohio 43215	Co-Enrolled Educational Outcomes Opportunities for Ohioans with Disabilities 400 East Campus View Blvd. Columbus, Ohio 43235
<input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	My signature is acknowledgement that I have read and voluntarily consented (or declined) to the release of the above-mentioned educational records as collected and utilized by the Aspire program I have previously enrolled in or tested with. Students under the age of 18 must have this form signed by a parent or guardian.		
Student / Parent (Guardian) Signature:			Date:

Aspire

LEARN MORE. EARN MORE.

Student Registration Form

THIS TOP PORTION IS FOR OFFICE USE

Intake Date:	New Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Returning Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Program:
Primary Class/Instructor:	Primary Program: <input type="checkbox"/> ABE/ASE <input type="checkbox"/> ESOL	Secondary Program: <input type="checkbox"/> Workplace Education <input type="checkbox"/> IELCE / 243	Is student 16, 17, or 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Class/Instructor:			If yes, do you have withdrawal documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Site(s):			
LACES ID#:			

Student Information

Social Security #:	Birth Date:	Age at Enrollment:
Last Name:	First Name:	
Middle Initial:	Other Names:	
Mailing Address:		
City:	State:	Zip: County:
Home Phone:	Cell/Mobile Phone:	
E-Mail Address:	Please check your preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	
Emergency Contact Person:	Emergency Contact Phone:	
Allergies:	Medical Conditions:	

GENDER	BARRIERS	WORK STATUS	PUBLIC ASSISTANCE	IMMIGRATION INFO	Referral Source
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> English Language Learner <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Low Income <input type="checkbox"/> Low Literacy Level <input type="checkbox"/> Ex Offender <input type="checkbox"/> Exiting TANF Within Two Years <input type="checkbox"/> Foster Care Youth (incl. aged out) <input type="checkbox"/> Homeless / Runaway Youth <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Single Parent or Guardian	Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Employed but: <input type="checkbox"/> Received Notice of Separation Unemployed: <input type="checkbox"/> Not Looking for Work <input type="checkbox"/> Unavailable for Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Yes <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF/Cash Assistance <input type="checkbox"/> Other Please specify: _____ _____	<input type="checkbox"/> Immigrant or Refugee Country of Birth: _____ Do you have an F-1 Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No DISABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list needed accommodations: _____ _____ _____ _____ _____	<input type="checkbox"/> Employer <input type="checkbox"/> Family/Friend <input type="checkbox"/> Attended Before <input type="checkbox"/> Newspaper / TV / Radio Ad <input type="checkbox"/> Brochure / Flyer <input type="checkbox"/> Department of Job and Family Services / OhioMeansJobs Center <input type="checkbox"/> Opportunities for Ohioans with Disabilities (OOD) <input type="checkbox"/> Court / Corrections / Probation Officer <input type="checkbox"/> Internet—Agency website, Facebook, etc. <input type="checkbox"/> Other If other, please specify: _____
ETHNICITY 1) Choose only one (1): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino -AND- 2) Check all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White		Registered on OhioMeansJobs? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	*Disabilities include, but are not limited to, learning, physical, sensory, and/or emotional.	



LEARN MORE. EARN MORE.

Release of Information Form

I, (print name) _____, authorize the Chancellor of the Ohio Department of Higher Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

Student/Examinee information released to for the purpose of:

Employment

Ohio Department of Job and Family Services
30 East Broad Street, 32nd Floor
Columbus, Ohio 43215

High School Equivalence Diploma

Ohio Department of Education
25 S. Front Street
Columbus, Ohio 43215

Education Outcomes for students co-enrolled

Opportunities for Ohioans with Disabilities
400 East Campus View Blvd.
Columbus, OH 43235

My signature is acknowledgement that I have read and voluntarily consented to the release of the above-mentioned educational records as collected and utilized by the Aspire program I have previously enrolled in or tested with.

Signature of Student/Parent or Guardian*

Date

If signing electronically, type /s/ First and Last Name.

*** Students under the age of 18 must have this consent form signed by the student’s parent or guardian.**

Revised August 2020

**PICKAWAY-ROSS ASPIRE PROGRAM (formerly ABLE)
STUDENT NOTICE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

Student Name:	Social Security Number
---------------	------------------------

In order to more efficiently serve you, it may be in your best interest for us to share your information with other agencies. In order for us to do that we need your consent that it could be shared. Listed below are the agencies with which we are involved in the sharing and exchange of information.

Please mark an "X" in the box(es) next to the agencies with whom you authorize your information to be shared.

<input type="checkbox"/> Please share with all agencies listed	<input type="checkbox"/> Pickaway Co. Literacy Council
<input type="checkbox"/> Pickaway-Ross Aspire (formerly ABLE)	<input type="checkbox"/> Pickaway-Ross Career & Technology Center
<input type="checkbox"/> Ross Co. Job and Family Services	<input type="checkbox"/> Pickaway County Job and Family Services
<input type="checkbox"/> Ross Co. Community Action	<input type="checkbox"/> Pickaway County Community Action
<input type="checkbox"/> Chillicothe Ross Chamber of Commerce	<input type="checkbox"/> Circleville Pickaway Chamber of Commerce
<input type="checkbox"/> Ohio University, Chillicothe	<input type="checkbox"/> Ohio Department of Education (GED test scores)
<input type="checkbox"/> Goodwill Industries of South Central Ohio	<input type="checkbox"/> Rehabilitation Services Commission
<input type="checkbox"/> Ross County Juvenile Court System	<input type="checkbox"/> Pickaway County Juvenile Court System
<input type="checkbox"/> Chillicothe Metropolitan Housing	<input type="checkbox"/> Alvis House
<input type="checkbox"/> Veteran's Administration Vocational Rehabilitation	<input type="checkbox"/> Pickaway/Ross County Parole Authority
<input type="checkbox"/> Ohio Department of Job and Family Services	<input type="checkbox"/> Pickaway/Ross County Schools
<input type="checkbox"/> Ross County School	<input type="checkbox"/> Pickaway County School
<input type="checkbox"/> Chillicothe Acute Care Clinic	<input type="checkbox"/> Fairfield County Teenworks
<input type="checkbox"/> _____ County _____	<input type="checkbox"/> _____ County _____

You are under no obligation to consent to this disclosure of information. If you choose not to release confidential information about you, your eligibility for program benefits and services will be based only upon information provided by you and information which is otherwise available under state and federal law.

I have indicated which agencies (if any) are authorized to receive my information from the Aspire program. I understand that only those indicated agencies (if any) may receive information given by me to the Aspire program.

In case of minors, permission must be granted by parent or legal guardian.

Student Signature:	Date:	Parent/Guardian Signature:	Date:
--------------------	-------	----------------------------	-------

PRE-SCREENING FOR LEARNING DISABILITIES

Name _____		Date _____	
_____ YES	Did you have any problems learning in middle school or junior high?		
_____ YES	Do you have difficulty working from a text booklet to an answer sheet?		
_____ YES	Do you have difficulty or do you experience problems working with numbers?		
_____ YES	Do you have trouble judging distances – for example, how far is it to that wall?		
_____ YES	Do any family members have learning problems?		
Count the number of 'YES's above. Multiply by 1.		1 x _____ = _____	
_____ YES	Did you have any problems learning in elementary school?		
_____ YES	Do you have difficulty or experience problems remembering math signs such as + and x?		
Count the number of 'YES's above. Multiply by 2.		2 x _____ = _____	
_____ YES	Do you have difficulty or experience problems filling out forms?		
_____ YES	Do you have difficulty memorizing numbers?		
_____ YES	Do you have difficulty remembering how to spell simple words that you know?		
Count the number of 'YES's above. Multiply by 3.		3 x _____ = _____	
_____ YES	Do you have difficulty or experience problems taking notes?		
_____ YES	Do you have difficulty or experience problems adding and subtracting small numbers in your head?		
_____ YES	Were you ever in a special program or given extra help in school?		
Count the number of 'YES's above. Multiply by 4.		4 x _____ = _____	
If total score is 12 or more, refer for further testing.		Total = _____	



Scotopic Sensitivity Screening

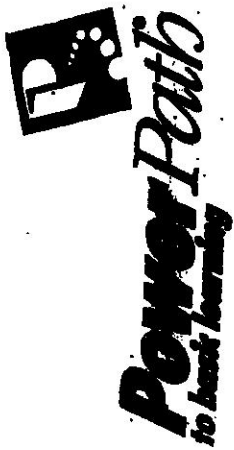
Name	
Date	

	Never	Sometimes	Usually	Always
1. Do your eyes sting and burn under bright light?				
2. Do your eyes water under bright light?				
3. Do your eyes become sleepy and want to close when you read?				
4. Do you start to yawn after reading awhile?				
5. Do you start losing the place on the page?				
6. Do you skip words?				
7. Do you drop lines?				
8. Do your eyes want to quit looking at the page after a few minutes?				
9. Does your mind start to wander as you read?				
10. Do you want to turn off bright lights?				
11. Do you prefer to read in low or indirect light?				
12. Do you shade your eyes under bright light or wear a bill cap?				
13. Do you have to run your finger or hold a marker under each line?				
14. Do you have to touch the page to guide your eyes?				
15. Is there too much glare from white pages?				

	Never	Sometimes	Usually	Always
16. Do things move around on the page?				
17. Do things smudge together then move apart?				
18. Do things swirl on the edges of the pages?				
19. Do words separate so that rivers run down through the page?				
20. Do things blink or flash off and on?				
21. Do things pulse in and out of focus?				
22. Do things fall off the edge of the page?				
23. Do you feel dizzy or sick if you read in a moving car?				
24. Do things rise up toward your face off the page, then go back into the distance?				
25. Do things startle you at the edge of your vision?				
26. Do you feel dizzy when you look down from high places?				
27. Do you get dizzy when you step on or off an escalator?				
28. Do you flinch or jerk back when you try to catch a ball?				
29. Do you accidentally hit things when you reach at the table or at your workplace?				
30. Do you bump into doorways or furniture?				

- PowerPoints**
- Administer the Scotopic Sensitivity Screening in a distraction-free location.
 - Hand a copy of this form to the participant to look at while the questions are read out loud by the examiner.
 - Sit across from the participant. Read each question slowly.
 - Repeat the response options after each question.
 - Offer ample time for each response. Questions may be repeated or restated as needed.

- Place a check under the column indicating the participant's response.
- After completing the screening, enter responses into the PowerPath software.
- Read the PowerPath User's Guide section on the Scotopic Sensitivity Screening.



Attention Difficulties Screening

Name

Date

In thinking over the past few weeks.....

	Never	Once a week	Twice a week	Almost daily
1. Did parts of your body need to be in motion all the time (fingers, legs, feet, mouth, tongue, arms, hands, shoulders)?				
2. Did your mind drift or dart away to think about something else?				
3. Did you lose your concentration after a short time (60 to 90 seconds)?				
4. Was it hard for you to become organized and stay organized?				
5. Did you need to be reminded to stay on track and finish what you had started?				
6. When you were working on something, did you start off well, but then begin to make a lot of mistakes?				
7. Did you ask others to repeat what they had said?				
8. Did you find yourself saying "What?" or "Huh?" or "What do you mean?"				
9. Did your impressions of things often change, as if someone had changed the channel to a different idea?				
10. When someone was talking to you, did you stop listening and start thinking about something else?				

PowerPoints

- Administer the Attention Difficulties Screening in a distraction-free location.
- Offer a soft foam ball to the participant to hold during this screening.
- Hand a copy of this form to the participant to look at while the questions are read out loud by the examiner.
- Sit across from the participant. Read each question slowly.
- Repeat the response options after each question.

	Never	Once a week	Twice a week	Almost daily
11. When listening to instructions, did you need to think about them for a long time before you were ready to follow the instructions?				
12. Was it hard for you to accept criticism without wanting to defend yourself or blame someone else?				
13. Did people say you left a lot of projects lying around unfinished?				
14. Did people say you jump the gun and start too soon before you have heard all of the instructions?				
15. Did you get bored quickly and want to move on to something else before others had finished?				
16. Was it hard for you to ignore what was going on around you (coughing, talking, movement, odor)?				
17. Did others say that you did things without thinking them through?				
18. Have people said that you don't act as grown up as other people your age?				
19. Did you spend a lot of time imagining things or wondering how it would be if things were different?				
20. When you had spare time, did you choose action activities like going to the mall, participating in a sport or playing videos games instead of quiet things like watching TV?				

- Offer ample time for each response. Questions may be repeated or restated as needed.
- Place a check under the column indicating the participant's response. After completing the screening, enter responses into the PowerPath software.
- Read the PowerPath User's Guide section on the Attention Difficulties Screening.

Adult Diploma Program Classes 2020/2021

Class	Hours	Next Scheduled Class
STNA	77	Date(s): 3/1/2021 to 4/1/2021 Day/Times: -MTWR-- 9:00 AM to 2:30 PM Location: Chillicothe Campus
Phlebotomy	100	Date(s): 4/14/2021 to 6/11/2021 Day/Times: Wed/Fri 9:00 AM to 3:30 PM Location: Chillicothe Campus
EMT Basic	150	Date(s): 6/1/2021 to 9/21/2021 Day/Times: Tue/Thu 6:00 PM to 10:00 PM Location: Chillicothe Campus
Firefighter I	176	Date(s): 2/9/2021 to 5/29/2021 Day/Times: Tue/Thu 6:00 PM to 10:00 PM Location: Chillicothe Campus
HVAC	320	Date(s): 9/13/2021 to 3/22/2022 Day/Times: -MTWR-- 8:00 AM to 2:30 PM Location: Crouse Chapel Rd Campus
Electrical	320	Date(s): 9/13/2021 to 3/22/2022 Day/Times: -MTWR-- 4:00 PM to 10:00 PM Location: Crouse Chapel Rd Campus
Maintenance	368	Date(s): 4/12/2021 to 10/7/2021 Day/Times: -MTWR-- 9:00 AM to 3:29 PM Location: Crouse Chapel Rd Campus
Welding	455	Date(s): 9/13/2021 to 6/21/2022 Day/Times: -MTWR-- 4:00 PM to 10:00 PM Location: Crouse Chapel Rd Campus
Logistics	100	Not regularly scheduled
Public Safety Communications & HAZWOPER	100	Not regularly scheduled – Online classes that need to be completed at either the Chillicothe or Circleville Aspire classrooms.
FANUC Robotics	137	Not regularly scheduled
Construction Craft Laborer	150	Not regularly scheduled

Class Description

Class	Class Description
STNA	<p>This course will show students how to assist patients with activities of daily living including bathing, dressing, eating and transferring in and out of bed. They will also learn how to measure vital signs, change bed linens and report changes in the patient's condition to medical staff</p> <p style="text-align: right;">Certifications available: STNA, CNA</p>
Phlebotomy	<p>This 100-hour course focuses on the procedures and techniques a phlebotomist must perform to obtain an accurate laboratory result from a blood sample. Students also will gain firsthand experience through a facility-based, hands-on clinical rotation.</p> <p style="text-align: right;">Certifications available: CPT</p>
EMT Basic	<p>This 150-hour course follows state and national requirements for certification as an EMT-Basic. Basic life support for the pre-hospital setting is the focus of this course, which is designed for individuals seeking entry-level positions as employees or volunteers. Areas of training include: operations, management of the airway, patient assessment, medical & cardiac emergencies, trauma, and special populations/needs.</p>
Firefighter I	<p>This course covers all the material and skills of the Volunteer Firefighter with additional advanced skills and in-depth knowledge of fire control and live burns.</p>
HVAC	<p>Acquiring the basic technical skills required in the HVAC (Heating, Ventilation and Air Conditioning) service industry can be a student's ticket to joining others who have successfully entered this challenging and rewarding career. Examples of program modules include, but are not limited to: electricity for HVAC and controls, heating systems, principles of A/C, refrigeration, EPA preparation, green technology, troubleshooting, employability and job search assistance.</p> <p style="text-align: right;">Certifications available: NCCER, OSHA 10, R-410A, EPA 608</p>
Electrical	<p>The field of electricity is both challenging and rewarding. The skills necessary to become successful require technical studies and hands-on practice. This course will provide the foundation needed to enter this "in demand" career field. Examples of program modules include, but are not limited to: electrical theory, electronic devices and circuits, instrumentation, motors, conduit bending, green technology, troubleshooting, employability and job search assistance.</p> <p style="text-align: right;">Certifications available: NCCER, OSHA 10</p>
Maintenance	<p>This program prepares students for a career in the maintenance field. Students will be exposed to multiple craft areas including electrical, industrial maintenance, welding, PLC hardware, and FANUC. This program also includes safety, green technology and employability.</p> <p style="text-align: right;">Certifications available: NCCER, OSHA 10, EPA 608, FANUC</p>
Welding	<p>This course is designed to meet the growing demand for trained welders in our area. The course will train students on basic welding skills and provide industry recognized certifications. This program will provide for hands-on experience and practice for basic welding techniques including stick, mig, and tig welding. Program modules will include, but are not limited to: welding symbols, oxyfuel cutting, plasma cutting, weld quality, green technology, employability, and job search assistance.</p> <p style="text-align: right;">Certifications available: NCCER, OSHA 10, AWS D1.1</p>
Logistics	
PSC & HAZWOPER	
FANUC Robotics	<p>This course covers the tasks that an operator, technician, engineer or programmer will need to setup, record and/or troubleshoot programs on a FANUC Robotics Handling Tool Software Package. Upon completion of this course, trainees will be able to power-up and jog the robot, teach frames, recover from robot faults, as well as execute, create and modify programs. Trainees will also have an understanding of pulse encoders and the maintenance of documents.</p> <p style="text-align: right;">Certifications available: FANUC</p>
Construction Craft Laborer	<p>Basic Safety, Intro to Construction Math, Intro to Hand Tools, Intro to Power Tools, Intro to Construction Drawings, Basic Rigging, Basic Communication Skills, Basic Employability Skills, Intro to Materials Handling.</p>