



Miami-Dade County Public Schools  
Division of Special Education

**SPED Outreach Transition Program Student Intake Sheet**

Grade \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Phone (work) Mother \_\_\_\_\_  
Father \_\_\_\_\_

Student ID# \_\_\_\_\_

(home) \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

Are you a U.S. citizen? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Language spoken \_\_\_\_\_

Who should be called in case of an emergency?

Name	Relationship	Telephone

Do you have a driver's license? \_\_\_\_\_

Have you ever worked? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Hobbies \_\_\_\_\_

Special Interest \_\_\_\_\_

Goals/Objectives \_\_\_\_\_

**MEDICAL HISTORY**

1. Do you have any medical conditions? - If yes, explain.

\_\_\_\_\_

2. What would you say your health is?

\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

*Original - Job Site Supervisor*

*Copy I - Department Chairperson*