



Miami-Dade County Public Schools  
Exceptional Student Education

**Project Victory Student Report**

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Job Training Site: \_\_\_\_\_

Please Print

**STUDENT INFORMATION:**

Name: Last, First, Initial \_\_\_\_\_

Address: Street, Apt. # \_\_\_\_\_

Home Phone \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Emergency Contact Person/Relationship \_\_\_\_\_

Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Contact Person Phone \_\_\_\_\_

School \_\_\_\_\_

AM/PM Student ID Number Grade \_\_\_\_\_

Birthplace \_\_\_\_\_

Language Spoken at home \_\_\_\_\_

Exceptionality \_\_\_\_\_

Date Program Entered \_\_\_\_\_

Date Program Exited \_\_\_\_\_

Length of Time in Program \_\_\_\_\_

**MEDICAL HISTORY:**

Physical limitations (if yes, explain): \_\_\_\_\_

Health:  Excellent  Good  Fair  Poor

Medication:  Yes  No Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administered by: \_\_\_\_\_

**HOSPITAL SITES ONLY:**

PPD Test Date: \_\_\_\_\_ Results: \_\_\_\_\_ Given by: \_\_\_\_\_

**GOALS AND OBJECTIVES:**

Has Student ever worked?: \_\_\_\_\_ If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Skills: \_\_\_\_\_ Special Interests: \_\_\_\_\_

**EXIT INFORMATION:**

If exited during the school year - please provide explanation \_\_\_\_\_

Transferred to (program): \_\_\_\_\_

Exit report should be faxed as soon as a student has exited the program. Hard copy should be sent through the school mail.

**END OF YEAR PLANS:**

Please check ( ✓ ) if student plans to participate in any of the following programs next year:

Project VICTORY.  DCTH  Vocational Training  Other: \_\_\_\_\_

Areas(s) of Interest: \_\_\_\_\_

\_\_\_\_\_

**SUMMARY OF JOB PERFORMANCE AND RECOMMENDATION FOR EMPLOYMENT:**

Assigned Job(s): \_\_\_\_\_

Specific Tasks: \_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSISTANCE OR ACCOMMODATIONS:**

Student needs assistance with the following in order to maintain employment. Please ( ✓ ) all that apply and explain

STS Transportation \_\_\_\_\_

Worksite accommodations/adaptations \_\_\_\_\_

Other, please explain \_\_\_\_\_

**GRADUATING SENIORS ONLY**

Transition Specialist \_\_\_\_\_ Agency(ies) referred to: \_\_\_\_\_

Employment/Vocational Training Plans \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_