



Miami-Dade County Public Schools
Division of Special Education

Project Victory Job Training Plan

Student: _____ Teacher: _____
School: _____ Job Coach: _____
Job Training Site Supervisor: _____

Job Assigned: _____ Date Assigned: _____

Describe the assigned Job Training Activity: _____

List the Specific Job Training Tasks to be completed during the assigned time:

1. _____
2. _____
3. _____
4. _____
5. _____

Student's Training Goal: _____

Teacher Signature: _____

Job Coach Signature: _____

Student Signature: _____

Job Site Supervisor Signature: _____