



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 _____
