

STUDENT PROFILE—VOICE PROGRAM
Department of Special Education
Lincoln Public Schools

Date: _____ *****Please attach additional information or comments if needed.*****

Student Name: _____ Student ID#: _____

Verification: _____ Special Education Services (check ALL that apply): SLI OT PT VI HI

Student Address: _____ Phone: _____ Date of Birth: _____

Parent/Guardian Phone (h): _____ Place of Work & Phone: _____

Emergency Contact & Relation: _____ Phone: _____

High School: _____ Current IEP Manager: _____ Work Experience Teacher: _____

MEDICAL CONCERNS: Indicate any student health concerns.

Did student receive medication during school or at the job site: Yes (explain) No

Did student take the medication with any special food or liquid: Yes (explain) No

BEHAVIOR CONCERNS: Describe any significant behaviors that were observed at high school or the job site. Include situations in which they occurred, antecedents, effective reinforcement and/or attach any behavior plans that were utilized.

SAFETY ISSUES: No Yes (explain) _____

ACADEMIC: Include any strengths or weaknesses that were observed with basic reading, math, and writing skills.

INTERESTS: Indicate any hobbies or interests of student.

VOCATIONAL SKILLS/NEEDS: Identify job experience and specific tasks that student performed.

Tasks that student performed well or enjoyed (explain):

Tasks that student did not like or were difficult to perform (explain):

Has a Vocational Evaluation been completed: Yes No Date: _____

PHYSICAL NEEDS: (check ALL that apply and explain)

- Ambulatory: _____
- Non-ambulatory: _____
- Equipment used: _____
- Student needs special rest room accommodations or assistance: _____
- Student has additional personal care issues: _____
- Student needs assistance moving from one location to another: _____
- Student needs assistance/adaptations with eating: _____

COMMUNICATION SKILLS: (check ALL that apply and explain)

- Student needs assistance to communicate effectively: _____
- Student utilizes assistive technology: _____
- Additional communication information or concerns: _____

TRANSPORTATION NEEDS: List specific assistance, supervision, or equipment needed.

TRAINING/SUPERVISION NEEDS:

Is student able to work independently at a task with minimal supervision: Yes No (explain)

Describe learning style of student at the job site:

DOMESTIC SKILLS:

Student has received living skills instruction: Yes No (explain) _____

Skills observed: _____

Skills needing improvement: _____

AGENCY INVOLVEMENT:

Form completed by _____ Title _____ Date _____

Phone Number _____ E-mail _____