

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

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

Student Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Group Home:  No  Yes

Group Home Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Phone (h): \_\_\_\_\_ (c): \_\_\_\_\_ Email: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Language Spoken by the Family: \_\_\_\_\_ Student: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

State Ward:  Yes  No HHS Caseworker Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Current IEP Manager: \_\_\_\_\_ Job Practice Teacher: \_\_\_\_\_

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**MEDICAL CONCERNS:** Indicate any student health concerns.

Does student have respiratory needs:  No  Yes (explain) \_\_\_\_\_

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

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

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**PHYSICAL NEEDS:** (check ALL that apply and explain)

Wheelchair: \_\_\_\_\_

Equipment used: \_\_\_\_\_

Student needs special restroom/toileting accommodations or assistance: \_\_\_\_\_

Student has additional personal care issues: \_\_\_\_\_

Student needs assistance moving from one location to another: \_\_\_\_\_

Student needs assistance/adaptations with eating/feeding: \_\_\_\_\_

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**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.

Does student have any history of stealing/theft:  No  Yes (explain) \_\_\_\_\_

Does student have any history of verbal or physical aggression:  No  Yes (explain) \_\_\_\_\_

Does student have any history of inappropriate sexual behaviors:  No  Yes (explain) \_\_\_\_\_

Does student have a probation officer:  No  Yes (explain) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Close Adult Supervision:  No  Yes (explain) \_\_\_\_\_

**SAFETY ISSUES:**  No  Yes (explain) \_\_\_\_\_

**BRIEF SUMMARY OF HIGH SCHOOL EXPERIENCES:** *(List all classes: Regular Education, Functional Curriculum, Family Consumer Science, Domestic/Cooking, Computer, Electives and Extracurricular Activities)*

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

**LIST ALL PAST SCHOOL, VOLUNTEER, AND PAID VOCATIONAL EXPERIENCES:**

Job Experience	Job Training/Paid Employment	Dates	Teacher/Supervisor	Job Duties

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

Student has participated in Job Practice Class:  No  Yes

If yes, list sites/dates: \_\_\_\_\_  
 \_\_\_\_\_

Tasks that student performed well or enjoyed (explain):

\_\_\_\_\_

Tasks that student does not like or are difficult to perform (explain):

\_\_\_\_\_

**TRAINING/SUPERVISION NEEDS:** *(Identify job experience and specific tasks that student performed)*

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

Describe learning style of student at the job site:

**DOMESTIC SKILLS:**

Student participated in HS Domestic Class:  No  Yes

Student has received daily living skills instruction:  No  Yes (explain) \_\_\_\_\_

Skills observed: \_\_\_\_\_

Skills needing improvement: \_\_\_\_\_

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

Reading \_\_\_\_\_

Math \_\_\_\_\_

Writing \_\_\_\_\_

**COMMUNICATION SKILLS:** *(check ALL that apply, and explain)*

Student utilizes communication system effectively (PECS, sign language, etc.): \_\_\_\_\_

Student utilizes assistive technology: \_\_\_\_\_

Additional communication information or concerns: \_\_\_\_\_

**AGENCY INVOLVEMENT:**

VR Specialist Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DDS Service Coord. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Student rides school bus

Parent/Guardian provides transportation

Student utilizes city bus independently

Agency provides transportation

Student drives self

Agency Name: \_\_\_\_\_

**LUNCH NEEDS:** (Please indicate what student currently does for lunch)

Brings lunch from home

Buys lunch at job site

Buys/receives school lunch

The student has a special diet plan on file with nutrition services

**INTERESTS:** Indicate any hobbies or interests of student.

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**VOICE RECOMMENDATIONS FOR YEAR \_\_\_\_\_:**

Prioritize highest three sites (1st Choice, 2nd Choice, 3rd Choice):

- A. Expectations of the community site (including the dress/hygiene requirements)
- B. Job tasks that will be performed and the community site is a good match for the student
- C. Previous high school experiences

- |                                    |  |
|------------------------------------|--|
| ___ BryanLGH Warehouse             | ___ Lincoln Journal Star                   |
| ___ Embassy Suites                 | ___ Lincoln Public Schools Duplex          |
| ___ Food Bank of Lincoln           | ___ Southeast Community College (88th & O) |
| ___ Hy-Vee, Inc. (70th & Pioneers) |  |

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**COMMENTS:**

Student should not be at community sites with the following student(s):

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*Form completed by* \_\_\_\_\_ / *Title* \_\_\_\_\_ / *Date* \_\_\_\_\_

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*Phone Number* \_\_\_\_\_ / *E-mail* \_\_\_\_\_

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*Administrator's Signature* \_\_\_\_\_ / *Date* \_\_\_\_\_

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*Phone Number* \_\_\_\_\_ / *E-mail* \_\_\_\_\_