



Student Information



Student _____ DOB _____ PPS# _____

Address _____ City _____ State _____ ZIP _____

Home phone _____ Student cell phone _____

Parent/Guardian _____ Phone _____

Teacher _____ VTS: _____

Worksite _____ Worksite Para Leader _____ Phone _____

Address _____ ZIP _____

Start Date _____ End Date _____ Work Schedule (days) _____ Hours _____

Travel to/from work site	Tri-Met	PPS Transport
	Yes	No
Health concerns (seizure, allergy, feeding, etc.) related to the safety of the student at work? If YES, please attach protocol and arrange required training by nurse or feeding team.		
Communication system? If YES, please attach description.		
Mobility needs/supports? If YES, please attach explanation.		
Behavioral/emotional supports? If YES, please explain and/or attach Safety Plan or Behavior Support Plan		
Comments/Information		

VTS complete and distribute copies to:
 Classroom: Teacher Tool Kit
 CTP Office
 Worksite Leader: Worksite Notebook