

APPLICANT PERSONAL INFORMATION (do not leave blank)

Name: Last _____ First _____ Middle Initial _____

Address: _____

Phone numbers: Cell _____ Home _____

School Attend: _____

Teacher: _____

Year entered into High School: _____

Date of Birth _____ Age: ____ Male: _____ Female: _____ Other: _____

PARENT PERSONAL INFORMATION (do not leave out information)

Mother's Name: _____ Email: _____

Cell: _____ Home Number: _____

Father's Name: _____ Email: _____

Cell: _____ Home number: _____

Release: All student records may be transferred to Victory Staff and Selection Committee Members

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____

TRANSPORTATION:

How do you plan to get to and from Heyward Career Technology Center?

Drive- self _____ Family Member _____ Friend/ Carpool _____ School Bus _____ Other _____

SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor? (VR Counselor) Yes _____ No _____

Name _____ Phone number _____

Are you currently a client of DDSN (SC Department of Disabilities and Special Needs)?

If yes, who is your service coordinator?

Provider Company: _____ Phone number: _____

Case Manager: _____ Email: _____

Attendance:

Attendance: # of days enrolled _____ # of days present _____ # of days absent _____

Discipline: # of referrals (total from all classes) Level 1 _____ Level 2 _____ Level 3 _____

I verify that this attendance and discipline information is accurate.

Home School Administrator Signature

Mandatory: Attach the last 2 years of attendance, disciplinary and class actions.

TO BE COMPLETED BY THE SPECIAL EDUCATION TEACHER:

Special Education Teacher: _____

Grades & IEP Progress:

Does the student have a “C” average in special education classes? Yes

Is the student progressing towards at least 80% of IEP goals? Yes

Work related behavior:

Can the student work with minimal supervision on job training site? Yes

Can the student follow oral multi-step directions? Yes

Does the student exhibit respect for adults? Yes

Disability Category(s) _____

Most Recent Class Placement _____

Will this student be 18 years of age at the beginning of the next school year?

Yes____ No____

Is the student currently enrolled in a CTE Class at Heyward Career and Technology Center?

Yes__ No____

If yes, which one: _____

Does the student have or will receive a high school diploma?

Yes__ No____

Has this student successfully completed an In-School Work Experience?

Yes__ No____

What job did he or she perform? _____

Is this the fourth year of high school for this student?

Yes__ No____

Will the student receive a high school diploma? _____ Yes _____ No

Is this student currently receiving?

Speech OT PT Hearing Vision services?

Other needs (i.e. Interpreter, medications, etc.) __

TO BE COMPLETED BY THE SPECIAL EDUCATION TEACHER:

I recommend this student for the Victory Works Program

I do not recommend this student for the Victory Works Program.

Comments (regarding behavior, attendance, discipline, responsibility, initiative, work ethic)

Special Education Teacher’s signature: _____ Date: _____

GENERAL EDUCATION TEACHER RECOMMENDATION (TO BE COMPLETED BY A CURRENT OR MOST RECENT, IF NONE CURRENT):

- I recommend this student for the Victory Works Program.
- I do not recommend this student for the Victory Works Program.

Comments (regarding behavior, attendance, discipline, responsibility, initiative, work ethic):

General Education Teacher's signature: _____ Date: _____

CTE (Heyward) TEACHER RECOMMENDATION (Current/most recent)

Student Name _____ **School** _____

I recommend this student for Victory Program.

I do not recommend this student for the Victory Works Program.

Comments (regarding behavior, attendance, discipline, responsibility, initiative, work ethic):

Teacher's signature: _____ **Date:** _____

STUDENT RESPONSE QUESTION:

Why do you want to be a part of the Victory Program?

What are three attributes that you will bring to the program?

Student's Signature: _____ Date: _____

PREPARER:

If this application has been completed by someone other than the student, please provide the following information:

Name _____ Title: _____

Phone number _____ Date _____

Signature: _____