

## **PORTFOLIO CHECKLIST**

SECTION 1 - AGENCY GENERAL INFORMATION			
Agency Name	Contact First Name	2	Last Name
Address	City, Zip Code		Phone #
SECTION 2 – PARTICIPANT'S GENERAL INFORMATION			
Last Name	First Name		Middle Name
Address	City, Zip Code		
Date of Birth	Gender		
Last four digits of Social Security Number			
Language(s) spoken at home	Race		Ethnicity
Home Phone	Cell Phone		E-mail
Emergency Contact Name:	Phone:		E-mail
Yes         No         □	Please state your disability.         □ Intellectual Disability       □ Deaf/Hard of Hearing       □ Blind/Visually Impaired         □ Cerebral Palsy       □ Spina Bifida       □ Prader Willi       □ Autism       □ Aspergers         □ Physical Disability       □ Down Syndrome       □ Other		
SECTION 3 – PARTICIPANT'S EDUCATIONAL INFORMATION			
What school do you attend?	What grade are you in?		Do you have or are you seeking a regular diploma or a special diploma? Regular Diploma Yes  No  Special Diploma Yes  No
SECTION 4 –PARTICIPANT'S OTHER INFORMATION			
<b>Do you receive Social Security</b> <b>Benefits?</b> Yes D No D	Are your enrolled i Waiver? Yes 🗌 No 🗌	n the Medicaid	Are you on the waiting list to receive the Medicaid Waiver? Yes  No
<b>Do you know how to use public tra</b> Yes □ No □	ansportation?	□Parent □Bus I	portation do you use? □ Private Car
Have you worked in the past? Yes □ No □ If yes, please describe:		Have you volunteered in the community? Yes  No  If yes, please describe:	



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Have you participated in the STEP Program? Yes 
No
Job Description(s): If Yes, please provide Agency Name: Contact Name: Phone:

## SECTION 5 – SKILLS ATTAINED:

## **Skills Attained:**

**Do you require specific work accommodations:** Yes  $\Box$  No  $\Box$  If yes, please state:

**Additional Comments:** 

Date:

Signature of Agency Contact:

The privacy of your information is important to us and will only be shared with the School Board of Broward County. We cannot however, share information about you to any person or organization without your consent. I, \_\_\_\_\_\_\_\_authorize the sharing of my Portfolio checklist and related material to the School Board of Broward County & STEP Providers.

**STEP Participant Signature** 

Parent Signature (if guardian)

Date