



# Miami-Dade County Public Schools

## Office of Workforce Development Education

### LOCAL PLACEMENT DATA



SECTION 1: Student Information			
Last Name	First Name	Student ID	
Address			
City	State	Zip Code	
Phone Number	Email Address		
Program Name			
<b>Student is employed?</b> <input type="checkbox"/> Yes – complete Section 2 below <input type="checkbox"/> No-complete Section 3 below			
SECTION 2: Employment Information			
Please complete all areas as applicable			
Employer Name			Employment date:
Employer Address			
City	State	Zip Code	
Employer Phone Number			
Job description			
Duties			
Related Field	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificate/licensure exam (if applicable)	Waiting for certificate licensure exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate/License provided to school? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Additional Placement Information			
The following items concern Placement status. If you are not working in the field that you studied, please complete the applicable areas.			
<input type="checkbox"/> Student is continuing education <input type="checkbox"/> Continuing Education within current institution <input type="checkbox"/> Enrolled at another training program / College Institution    Please provide institution name:			
<input type="checkbox"/> Student is in the military			
<input type="checkbox"/> Student is not employed: <input type="checkbox"/> Student is unavailable for employment <input type="checkbox"/> Reason: _____ <input type="checkbox"/> Student refused employment <input type="checkbox"/> Student is taking class for personal growth / hobby <input type="checkbox"/> Unknown /seeking employment			
Attestation			
The signature(s) below confirm that the information listed above is complete and accurate as of the signed date. The institution will maintain evidence of placement, which will be available and verified upon request.			
Print name		Date	
Signature		<input type="checkbox"/> Student <input type="checkbox"/> School Representative	

**Office Use Only**

Program start date:	License entered: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Placement entered: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
W/D <input type="checkbox"/> Yes <input type="checkbox"/> No W/D Code: _____ W/D Date:	Allowable Subtraction <input type="checkbox"/> Yes <input type="checkbox"/> No	Date scanned to SIS(Focus):

Notes: