



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
DROPOUT SURVEY RECORD**

**Initial contact must be made with student within five(5) days of withdrawal.**

NAME		I. D. NO.		SOCIAL SECURITY NO.	
SCHOOL		SCHOOL CODE	GRADE/SECTION	DATE OF BIRTH	ETHNICITY
GENDER	STUDENT'S ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.		NAME OF RELATIVE OUTSIDE YOUR HOME		RELATIONSHIP	
RELATIVE'S ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.
ADD'L CONTACT ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.

1. Did student drop out? Yes No

2. Transferred to another school  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Presently enrolled in school: \_\_\_\_\_  
School

4. Received: Regular Diploma \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_  
GED \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

5. Presently employed  
Yes \_\_\_\_\_ No \_\_\_\_\_ (Where) \_\_\_\_\_  
Company

6. Assisted in returning to school:

Regular School	Yes	No
Adult Education	Yes	No
Vocational/Technical Program	Yes	No
GED Preparation Program	Yes	No

7. Provided referral services for employment Yes No

8. Assisted with Alternative Placement (i.e., Job Corp, Community based organization) Yes No

9. Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason(s) for Leaving**

☐ Medical

☐ Self

☐ Parent

☐ Child

☐ Family Member

☐ Non-attendance

☐ Unexcused Absence

☐ Unsafe Environment

☐ Disciplinary

☐ Suspensions

☐ Age

☐ Hardship

☐ Economic Needs

☐ Homeless

☐ Lack of Guardian/Parental Support

☐ Lack of Social Service Support

☐ Academic

☐ Retention

☐ Testing Requirement

☐ Grade Point Average

☐ Graduation Credit Requirements

☐ Curriculum Design

☐ Marriage

☐ Other \_\_\_\_\_

\_\_\_\_\_ Career Specialist \_\_\_\_\_ School