



### Individualized Transition Planning Meeting

Date	Student's Name	School	Age	Grade
Purpose of Meeting: <input type="checkbox"/> Initial Transition Plan <input type="checkbox"/> Review of Transition Plan		Date of last plan:		

#### Participants

Parent _____	Regular Education Teacher _____
Parent _____	Special Education Teacher _____
Student, when appropriate _____	Transition Coordinator _____
District Representative/Designee _____	Other _____

#### Student and Parent Input

If the student is not in attendance, how was s/he given the opportunity to provide input regarding interests and preferences?

Input from the student \_\_\_\_\_

Input from the parent \_\_\_\_\_

#### Student Information

Summary of long-range goals for the student \_\_\_\_\_

Assessment Results:

Interest \_\_\_\_\_

Ability/Aptitude \_\_\_\_\_

Achievement \_\_\_\_\_

Other \_\_\_\_\_

Vocational Evaluation: Type \_\_\_\_\_ Date to be completed \_\_\_\_\_  
Person(s) Responsible \_\_\_\_\_

Time line for graduation to recommend to IEP Team \_\_\_\_\_

#### Classes and Training

Prevocational and Vocational Course Experiences (In School)

Course	Date Completed	Grade	Comments
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Community-Based Vocational Exploration/Employment Training

Name of Business	Job Performed	Date Completed	Comments
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

#### Agency Contact

Was a representative from any other agency likely to be responsible for providing or paying for transition services invited?

- Yes. Agency \_\_\_\_\_ Date, method of contact, by whom \_\_\_\_\_
- No, explain \_\_\_\_\_

Describe other participating agencies and linkages \_\_\_\_\_

Student Name \_\_\_\_\_

Date \_\_\_\_\_

**Transition Action Plan**

Transition is a coordinated set of activities for a student designed with an outcome that promotes movement from school to post-school activities. Those activities include integrated employment (including supported employment), continuing and adult education, adult services, independent living and community participation.

If the planning team decides that activities are not needed in one or more of the following areas, explain \_\_\_\_\_

<b>DAILY LIVING/FUNCTIONAL SKILLS</b>		
<b>Exit Outcome(s):</b> (Examples: self care, income and finances, and medical needs)		
Activities	Person(s) Responsible	Time line

<b>ADULT LIVING/SOCIAL SKILLS</b>		
(Examples: recreation/leisure activities, development of personal/social skills, mobility/transportation, and awareness of community resources)		
<b>Exit Outcome(s):</b>		
Activities	Person(s) Responsible	Time line

**Transition Action Plan -continued**

**EDUCATION/TRAINING OPTIONS**

Examples: academic concerns/instruction, further education, related services needed for transition

**Exit Outcome(s):**

Activities	Person(s) Responsible	Time line

**EMPLOYMENT/OCCUPATIONAL PREPARATION**

(Examples: vocational training, portfolio development, employment skills)

**Exit Outcomes:**

Activities	Person(s) Responsible	Time line

If this transition plan will be reviewed before the next IEP meeting, write the date: \_\_\_\_\_

Date