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| Transition Plan for Students with Exceptionalities: Entry to Kindergarten  **Instructions for Completion**   * This form will be completed for children with exceptionalities and those in the process of being identified. This form **may** also be completed for children with significant needs identified by the school team during the Kinderstart process. * This form should be completed at a meeting involving parents/guardians, school personnel and representatives from the appropriate outside agencies involved with the child and later attached to the child’s Individual Education Plan (IEP). * This is a required form that elaborates upon the information contained in the ISSP. * This is fillable form to be completed electronically (the boxes will expand as you type). If you choose to complete it manually, please attach the information to the form. * This form should be completed no later than the end of February prior to Kindergarten entry.   **Part A**  Sections 2 and 3   * Parents/guardians typically would provide the information for these sections as they would best know the needs of their child prior to school entry. However, participation from other team members is expected.   Section 4   * Required school and classroom physical modifications and specialized medical equipment will need to be discussed. * Parents/guardians and representatives from outside agencies will discuss successful proactive strategies and routines that are currently being used at home and other environments. While the school environment is different from home/daycare, it is important that the school and parents/guardians work together to establish strategies and routines that will best meet the child’s needs at school.   Section 5   * School personnel would typically lead this discussion as they are familiar with the processes in their school. Orientation requirements may take place in a group or individually and parents/guardians are notified when orientations take place. While some will occur prior to September, others may occur at the beginning of the school year.     **Part B**  Section 1   * The Transition Action Plan outlines what is required prior to kindergarten school entry for successful transition. The team will use information from Part A to guide this action plan. |



**Transition Plan for Students with Exceptionalities: Entry to Kindergarten**

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| Student Name: | | | | | | Date Plan Developed/Updated: | | | |
| Exceptionality: | | | | | | ISSP:  Yes  No | | | |
| **PART A** | | | | | | | | | |
| **Section 1 Team Members** | | | | | | | | | |
| Name | | | | Relationship to Child or Position and Organization | | | Contact Information | | |
|  | | | |  | | |  | | |
| **Section 2 General Information** | | | | | | | | | |
| Health and medical needs | | | | | | | | | |
| Describe child’s level of independence with dressing, eating, using the bathroom, or other tasks | | | | | | | | | |
| Describe child’s ability to communicate wants and needs | | | | | | | | | |
| Describe child’s response to frustration or discomfort | | | | | | | | | |
| List safety or behaviour concerns | | | | | | | | | |
| List assistive technology or adaptive aids currently used by the child | | | | | | | | | |
| Other | | | | | | | | | |
| **Section 3** **Current Service Providers** | | | | | | | | | |
|  | Government departments | | | | | | | | |
|  | Community agencies | | | | | | | | |
|  | Daycare centres/preschools | | | | | | | | |
|  | Other | | | | | | | | |
| **Section 4** **Requirements for School Environment** | | | | | | | | | |
|  | | Physical modifications/accessibility | | | | | | | |
|  | | Medical | | | | | | | |
|  | | Assistive technology/adaptive aids | | | | | | | |
|  | | Personal care/safety needs | | | | | | | |
|  | | Individualized routines (breaks, entry/dismissal, transition, etc.) | | | | | | | |
|  | | Visual strategies (schedules, first/then board, social scripts) | | | | | | | |
|  | | Proactive strategies (instructional, behavioural, etc.) | | | | | | | |
|  | | Other | | | | | | | |
| **Section 5** **Orientation Requirements** | | | | | | | | | |
|  | | Introduction to contact teacher | | | | | | | |
|  | | Where/who to go to for help | | | | | | | |
|  | | Tour(s) of new environment | | | | | | | |
|  | | Classroom routines reviewed | | | | | | | |
|  | | Bus tour/ride | | | | | | | |
|  | | Safety protocols reviewed | | | | | | | |
|  | | Emergency evacuation procedures reviewed | | | | | | | |
|  | | Other | | | | | | | |
| **Section 6** **Applications For Service (if required)** | | | | | | | | | |
|  | | Assistive Technology | | | | | | | |
|  | | Alternate Format Materials | | | | | | | |
|  | | Alternate Transportation | | | | | | | |
|  | | [Student Assistant](http://www.ed.gov.nl.ca/edu/forms/studentsupport/applications.html) | | | | | | | |
|  | | Other | | | | | | | |
| **Additional Information** | | | | | | | | | |
|  | |  | | | | | | | |
| **Part B** | | | | | | | | | |
| **Section 1** **Transition Action Plan** | | | | | | | | | |
| **Area of Focus** | | | **Actions Required** | | **Personnel**  **responsible** | | | **Target Date for Completion** | **Completion Date/Date for Follow-up** |
|  | | |  | |  | | |  |  |
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**Signatures**

I have reviewed this Transition Plan.

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature Date

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| **PART C: IF REQUIRED** | |
| **Assistive Technology/Adaptive Aids Transition Form** | |
| **Device Information** | |
| What assistive technology/adaptive aids will be coming to school with the child? | Provide complete list with serial/identifying number and the version currently being used. |
| What is the status of any warranties? | Applicable Not Applicable  Please provide warranty expiration date (if applicable): |
| Does the device(s) require wireless internet access? | Yes No |
| Does the assistive technology require a user name and password? | Yes No  If yes, provide:  Device/program name  username       password  Additional devices: |
| **Usage Details** | |
| For what purpose was the assistive technology/adaptive aids provided? | Provide details: |
| In what location(s) does the child currently use the assistive technology/adaptive aids? | Provide details: |
| Can the child use the assistive technology/adaptive aids independently? | Yes No |
| Will the child require support or training in the use of assistive technology/adaptive aids?  Will staff require training in the use of assistive technology/adaptive aids? | Yes No  Yes No  Provide details |
| Other Information: |  |