Transition Plan for Students with Exceptionalities: Life AFter HIGH SChool

**Instructions for Completion**

* This form will be completed for students with exceptionalities and those in the process of being identified.
* Program Planning Teams should begin the transition process for individual students at least three years prior to school leaving.
* Students transitioning to life after high school would require completion of this form and it should be completed at a program planning meeting addressing the Record of Accommodations (ROA), Individual Education Plan (IEP) and/or Individual Student Support Plan (ISSP).
* This form is to be attached to the student’s ROA or IEP.
* This is a required form that elaborates on the information in the ISSP, IEP and/or ROA.
* 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.

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| **Part A** Section 2* List the names of service providers outside of education currently involved with the student. Where possible, include information about the services provided.

 Section 3* School and classroom physical modifications required 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. It is important that the school and parents/guardians work together to establish strategies and routines that will best meet the student’s needs.

 Section 4* Orientation requirements may take place in a group or individually. Parents/guardians are notified when orientations take place. While some may occur prior to September, others may occur at the beginning of the school year.

  Section 5* It is important that required practices and procedures are in place prior to a student moving to a new setting to ensure a smooth transition. In some cases, specific skills will need to be taught to the student prior to the transition.

 Section 7* When fostering independence, there is a delicate balance between necessary support and independence. Many students will require assistance in gaining the confidence and skills to become independent. In most situations, this will require direct teaching of specific skills.

Section 8* When addressing career development needs, program planning teams will need to be aware that these areas will need to be addressed prior to school leaving.

  Sections 11* When students are in their final year of high school, it would be beneficial to have the required documents compiled for the student upon graduation or school leaving.

**Part B** Section 1* The Transition Action Plan outlines what is required for successful transition to life after high school. The team will use information from Part A to guide this action plan.

**Part C and D** (Optional Form) |

**Transition Plan for Students with Exceptionalities: Life After School**

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| Student Name:        | Date Plan Developed/Updated:       |
| Exceptionality:        | ISSP: [ ]  Yes [ ]  No |
| Current School Year:        | IEP: [ ]  Yes [ ]  No |
| School:        | Record of Accommodations:[ ]  Yes [ ]  No |
| High School Diploma: [ ]  Yes [ ]  No  | High School Leaving Certificate: [ ]  Yes [ ]  No |
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| **PART A** |
| **Section 1 Current Services Being Provided Within Education** |
| [ ]  | Educational Programming       |
| [ ]  | Assistive Technology |
| [ ]  | Alternate Format Materials |
| [ ]  | Alternate Transportation |
| [ ]  | Student Assistant |
| [ ]  | Instructional Resource Teacher |
| [ ]  | Speech-Language Pathologist |
| [ ]  | Itinerant for the Deaf and Hard of Hearing |
| [ ]  | Itinerant for the Blind and Visually Impaired |
| [ ]  | Assistance with high school course selection |
| [ ]  | Other:       |
| **Section 2 Current Services Being Provided Outside Education** (Specify) |
| [ ]  |       |
| [ ]  |       |
| [ ]  |       |
| [ ]  |       |
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| **Section 3 Requirements in the New 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 4 Orientation to New Environment** |
| **[ ]**  | Introduction to staff (specify)       |
| **[ ]**  | Where/who to go to for help       |
| **[ ]**  | Tour(s) of new environment       |
| **[ ]**  | Routines reviewed        |
| **[ ]**  | Transportation       |
| **[ ]**  | Safety protocols reviewed       |
| **[ ]**  | Emergency evacuation procedures reviewed        |
| **[ ]**  | Other       |
| **Section 5 Preparing the Student for New Practices/Procedures** |
| **[ ]**  | Changes to scheduling (duration of classes, work hours, etc.)       |
| [ ]  | Breaks       |
| [ ]  | Changing rooms or environments throughout the day       |
| [ ]  | Peer orientation       |
| [ ]  | Expectations/demands (homework, behavioral/social demands, organizational skills)       |
| [ ]  | Student and/or Work Handbook       |
| [ ]  | Other      |
| **Section 6 Extracurricular Involvement** |
| [ ]  | Activities/groups at school or work       |
| [ ]  | Opportunities available for socialization       |
| [ ]  | Other       |
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| **Section 7 Fostering Independence** |
| [ ]  | Unstructured time       |
| [ ]  | Self-advocacy       |
| [ ]  | Communication skills       |
| [ ]  | Assistive technology       |
| [ ]  | Self-regulation       |
| [ ]  | Organizational skills       |
| [ ]  | Time management       |
| [ ]  | Transportation       |
| [ ]  | Other       |
| **Section 8 Career Development and Work Experience** |
| [ ]  | Career assessment (inventories, informal discussions, etc.)       |
| [ ]  | Career counselling       |
| [ ]  | Portfolio development (resume, references, work samples etc.)       |
| [ ]  | Career exploration (career fairs, post -secondary tours, etc.)       |
| [ ]  | Experiential learning (Duke of Edinburgh, skill building activities, etc.)       |
| [ ]  | Job shadowing       |
| [ ]  | Coaching and mentoring       |
| [ ]  | Volunteer and/or paid work       |
| [ ]  | Connections with community and government agencies       |
| [ ]  | Other       |
| **Section 9 Post-Secondary Education Information** |
| [ ]  | Information on programs of interest  |
| [ ]  | Entrance requirements |
| [ ]  | Course selection       |
| [ ]  | Connecting with post-secondary personnel (counsellors, disability services personnel, other) |
| [ ]  | Application deadlines |
| [ ]  | Other       |
| **Section 10 Applications** |
| [ ]  | Verification of a Permanent Disability |
| [ ]  | Student Loan Application and related grants |
| [ ]  | Employability Assistance for Persons with Disabilities |
| [ ]  | Scholarship applications |
| [ ]  | Government Programs & Services       |
| [ ]  | Community agency applications/referrals (ASNL, Stella Burry, etc.) |
| [ ]  | Other funding application       |
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| **Section 11 Required Documents** |
| [ ]  | High school transcripts  |
| [ ]  | Updated comprehensive assessment data  |
| [ ]  | Individual Education Plan (IEP) |
| [ ]  | Individual Student Services Plan (ISSP) |
| [ ]  | Record of Accommodations |
| [ ]  | Portfolio |
| [ ]  | Transition Plan |
| [ ]  | Other       |
| **Additional Information** |
| [ ]  |        |
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| **PART B** |
| **Transition Action Plan** |
| **Area of Focus** | **Actions Required** | **Personnel responsible** | **Target Date for Completion** | **Status/Date for Follow-up** |
|  |        |        |        |        |
|  |        |        |        |        |
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**Signatures**

I have reviewed this Transition Plan.

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Parent/Guardian Signature Date

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Student Signature (if applicable) Date

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Principal Signature Date

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| **PART C: IF REQUIRED** |
| **Assistive Technology/Adaptive Aids Transition Form** |
| **Device Information** |
| What assistive technology device(s), adaptive aids, software and/or apps is the student currently using? (Include all low tech: calculator, timer or high tech: Kurzweil, iPad) | Provide complete list with serial/identifying number and the version currently being used.            |
| What is the status of any warranties?  | [ ]  Applicable [ ] Not ApplicablePlease 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 [ ] NoIf yes, provide:device/program name       username       password      Additional devices:      |
| **Usage Details** |
| For what purpose was the assistive technology/adaptive aids provided? | [ ]  to access course material [ ]  for course evaluation (to demonstrate what they know)Provide details:      |
| In what location(s) does the student currently use the assistive technology/adaptive aids? (In school and outside school locations)  | Provide complete list:      |
| Can the student use the assistive technology/adaptive aids independently?  | [ ] Yes [ ] No |
| Will the student 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 [ ] NoProvide details       |
| Will the student require any additional assistive technology/adaptive aids in the new location? | [ ] Yes [ ] NoAdditional Information       |
| Other Information: |        |

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| **PART D: Student Input Form (Optional)** |
| How does your exceptionality affect your schoolwork and school activities? Please check all areas that apply. [ ] Grades [ ]  Relationships  [ ]  Assignments/Projects [ ]  Ability to Communicate [ ]  Mobility  [ ]  Extra-curricular activities [ ]  Time required for tests [ ]  Time to complete work/homework [ ]  Other (Please specify)      Provide additional details:       |
| What supports or accommodations have been used to help you succeed in school?       |
| Which accommodation(s) work best for you?       |
| Things I like about using assistive technology       |
| What I need to make my assistive technology work for me       |
| What I would like to do after high school       |
| Additional information:       |