Transition Plan FOR STUDENTS WITH EXCEPTIONALITIES: School to School

**Instructions for Completion**

* This form will be completed as part of the transition process for students with exceptionalities and those in the process of being identified as having an exceptionality.
* Students transitioning from school to school will require the completion of this form to ensure the receiving school has the most up to date information.
* This form should be completed at a meeting involving parents/guardians, school personnel and representatives from the appropriate outside agencies involved with the student. It is then attached to the student’s Individual Education Plan (IEP) or the Record of Accommodations (ROA).
* This is a required form that elaborates on the information in the ISSP, IEP and/or ROA.
* This is a 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 1* Summarize current educational programming (accommodations, modified prescribed curriculum, and alternate programs, courses, and curriculum; partial day programming, BMP, etc.).

 Section 2* List the service providers outside of education involved with the student. Where possible, include information regarding the services provided.

 Section 3* School and classroom physical modifications and/or 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 to new environments may take place in a group or individually. Parents/guardians are notified of orientation sessions. While some may occur prior to September, others may occur at the beginning of the school year.

   Section 5* Identify practices and procedures and any specific skills that 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.

**Part B** Section 1* The Transition Action Plan outlines what is required for successful transition from grade to grade or from school to school. The team will use information from Part A to guide this action plan.
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**Transition Plan for Students with Exceptionalities: School to School**

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| Student Name:       | Date Plan Developed/Updated:       |
| Exceptionality:       | ISSP: [ ]  Yes [ ]  No |
| Current School Year:        | IEP: [ ]  Yes [ ]  No |
| Current School:       | Record of Accommodations: [ ]  Yes [ ] No  |
| Receiving School:       | Current School Contact Person:       |
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| **PART A** |
| **Section 1 Current Programming and Services 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 |
| [ ]  | Other:       |
| **Section 2 Current Services Provided Outside Education** (Specify) |
| [ ]  |       |
| [ ]  |       |
| [ ]  |       |
| [ ]  |       |
| **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       |
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| **Section 4 Orientation to New Environment** |
| **[ ]**  | Introduction to school personnel (specify)       |
| **[ ]**  | 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 5 Preparing the Student for New Practices/Procedures** |
| **[ ]**  | Changes to scheduling (duration of classes, etc.)       |
| [ ]  | Breaks (recess, lunch)       |
| [ ]  | Moving around the school (classrooms, bathroom, cafeteria, etc.)       |
| [ ]  | Subject-based teachers       |
| [ ]  | Course selection (if applicable)       |
| [ ]  | Peer orientation       |
| [ ]  | Grade level expectations/demands (homework, organizational skills, etc.)       |
| [ ]  | School Student Handbook       |
| [ ]  | School Code of Conduct       |
| [ ]  | Other      |
| **Section 6 Extracurricular Involvement** |
| [ ]  | School-based groups and activities       |
| [ ]  | Community-based groups and activities       |
| [ ]  | Opportunities for socialization       |
| [ ]  | Other       |
| **Section 7 Fostering Independence** |
| [ ]  | Unstructured time (before school, recess, lunch, etc.)       |
| [ ]  | Self-advocacy       |
| [ ]  | Communication skills       |
| [ ]  | Assistive technology       |
| [ ]  | Self-regulation       |
| [ ]  | Organizational skills       |
| [ ]  | Study skills       |
| [ ]  | Time management       |
| [ ]  | Transportation       |
| [ ]  | Other       |
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| **Additional Information** |
|       |
| **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: For Students Transitioning from Junior High to High School** |
| **Career Development Needs** |

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| [ ]  | Career self-assessment (Inventories, informal discussions, etc.)       |
| [ ]  | Vocational assessment/profile       |
| [ ]  | Career counselling       |
| [ ]  | Portfolio development (Resume, references, work samples etc.)       |
| [ ]  | Career exploration opportunities (Career Fairs, Work Site or Post-Secondary Education tours, etc.)       |
| [ ]  | Experiential learning opportunities (Duke of Edinburgh, skill building activities, etc.)       |
| [ ]  | Job shadowing       |
| [ ]  | Coaching and Mentoring       |
| [ ]  | Volunteer and/or paid work opportunities prior to high school completion       |
| [ ]  | Volunteer and /or paid work opportunities after high school completion       |
| [ ]  | Connections with Community Vocational Agencies       |
| [ ]  | Connections with government funding agencies       |
| [ ]  | Other       |

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| **PART D: 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 E: 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:       |