



Transition Plan for Change of Placement

Purpose of Plan:

- Transition to Taylor School
- Transition to Orion
- Transition to Developmental Needs
- Transition to _____
Name of District/Building
- Transition to _____
Other

Student _____	School District _____
Date of Birth _____	Grade _____
Immunizations Current: <input type="checkbox"/> yes <input type="checkbox"/> no	Reviewed by _____
Immunizations Required (if any) _____	
Current Placement _____	

Transition Team Coordinator _____ Title _____

Telephone _____

Members of Transition Team

_____	_____
_____	_____
_____	_____

Individualized Education Plan

Student IEP goals that have been met during current programming (attach progress documentation)

1. _____
2. _____
3. _____

Student IEP goals that have not been during current programming (attach progress documentation)

1. _____
2. _____
3. _____

Student Strengths:

Academic:

Social/Emotional:

Anticipated Needs:

Academic:

Social/Emotional:

Environmental:

Staff Concerns:

Parent Concerns:

Plan for Transition

Activity	Person Responsible	Begin Date	End Date

Staff Training Plan

Description of Training	Staff to be Trained	Arranged by	Completion Date

Activities to complete prior to IEP

Activity	Person Responsible	Completion Date

Transportation Concerns:

Transportation Plan Needed: No Yes, Person Responsible _____

Transportation provided by _____

Transportation contact person _____ Telephone _____

Future Transition Planning Team Meeting(s):

Date: _____ Place: _____

Date: _____ Place: _____

IEP Date: _____ **Coordinated by:** _____

Required Signatures for Transition:

_____ **Local District Administrator** _____ **Date**

_____ **Char-Em ISD Administrator** _____ **Date**

_____ **Behavior Specialist (Orion Transition Only)** _____ **Date**

_____ **Parent/Guardian** _____ **Date**

_____ **Other** _____ **Date**

Copies to: Administrator Special Education Teacher General Education Teacher Parent Transition Team Members