Visual Transition Planning

Purpose:

To brainstorm possible future outcomes by most effectively and efficiently utilizing all of the resources available.

Student's Name: **Today's Date:**

Disability (student's description):

Parents/Guardians:

Student's strengths, needs, preferences, and interests:

What accommodations do I need to be successful?

Anticipated method of graduation:

Anticipated month & year of graduation:

- **Student's role in the Transition Process: (I.E.P)**

_ Attend

_ Answer questions

_ Other

_ Facilitate meeting

_ Express preferences, interests and needs.

_ Parent's involvement in planning student's I.E.P.:

_ Attend

☐ Other

_ Answer questions

_ Express student's goals and needs

Student's Desired Post School Outcomes

"What do I want to do in the future?"

Employment Goals:

Post Secondary Education Options:

Recreation & Leisure:

Independent Living Goals:

Community Participation:

Present Levels of Performance
"Things I can do now towards meeting my goals"
Address the present levels of performance in each of the following domains based on the student's needs, preferences & interests.

Employment & Job Training

Post-Secondary Education Options

Home/Independent Living

Community Participation

Recreation & Leisure

Related Services

Topic:

Goal:

"Things I need to do to meet my goals"

What does it take?	What/Who can help?	By When?