**Connections for Students**
**Transition Team Meeting Minutes**
***York Region District School Board***
***(To be completed by Principal or designate)***

Student Name: _____

Date of Meeting: _____

School/ Grade: _____

Status of Ontario Autism Program (OAP) supports (e.g., current weekly hours/setting):

_____

_____

Status of school entry (e.g., entry plan, schedule): _____

Transition Team Members:

| | |
|---|---|
| ☐ Parent(s)/guardian(s): | ☐ Teacher(s): |
| ☐ Principal or designate (Chair): | ☐ Kinark ASD Consultant: |
| ☐ School Board staff as **required:** (e.g., OT/PT, Psychologist, SLP, Coordinators, etc.): | ☐ SERT: |
| ☐ Educational Assistant : | ☐ Others ( e.g., OAP service provider, Community Agencies): |

| Updates - ***Please try to highlight one success and one challenge since our last meeting.*** |
| --- |
| Parents/guardians: |
| Student (if possible): |
| CFS: |
| School staff: |
| Outside agencies: |
| Additional information: |

Current Goals:

| Goal: | | |
|---|---|---|
| Progress Update: | | |
| Data Reviewed:<br>☐ Yes (Please specify)_____<br>☐ No (Please specify)_____ | | |
| Action(s) | Responsibility | Time Line(s) |
| | | |

| Goal: | | |
|---|---|---|
| Progress Update: | | |
| Data Reviewed:<br>☐ Yes (Please specify)_____<br>☐ No (Please specify)_____ | | |
| Action(s) | Responsibility | Time Line(s) |
| | | |

| Goal: | | |
|---|---|---|
| Progress Update: | | |
| Data Reviewed:<br>☐ Yes (Please specify)_____<br>☐ No (Please specify)_____ | | |
| Action(s) | Responsibility | Time Line(s) |
| | | |

| Goal: | | |
|---|---|---|
| Progress Update: | | |
| Data Reviewed:<br>☐ Yes (Please specify)_____<br>☐ No (Please specify)_____ | | |
| Action(s) | Responsibility | Time Line(s) |
| | | |

Upcoming School Visits (e.g., observations, consultation, professional development):

Next Transition Team Meeting:_____