

Sample Transition Plan

Name:	School:	Today's date:
Address:	Student #:	Date Plan Initiated:
City/Zip:	Teacher:	Year of Graduation/Completion:
Phone:	Grade:	DOB:

Individual Transition Life Plan

Participants:

Student:	Coordinator:	Other:
Parent/Caregiver:	Other:	Other:
Agency Rep:	Other:	Other:

Domains:

A) INSTRUCTION, may include, but not limited to:

- | | | | |
|------------------------|----------------------------|-------------------------|---|
| * self-advocacy skills | * pre-vocational education | * vocational evaluation | * further instruction as it relates to adult services |
|------------------------|----------------------------|-------------------------|---|

B) COMMUNITY EXPERIENCES, may include, but not limited to:

- | | | | |
|---------------------------------------|------------------------------|--|---|
| * participation, safety & consumerism | * recreation/leisure/fitness | * citizenship/legal issues/self-advocacy | * transportation/mobility/accessibility |
|---------------------------------------|------------------------------|--|---|

C) EMPLOYMENT, may include, but not limited to:

- | | | | |
|--------------------|---------------------------------|------------------------------|---------------------|
| * career awareness | * work related skills/behaviors | * job placement & employment | * summer employment |
|--------------------|---------------------------------|------------------------------|---------------------|

D) ADULT LIVING/DAILY LIVING SKILLS, may include, but not limited to:

- | | | |
|----------------------------|---------------------------------|--------------------------|
| * self care/personal needs | * living options | * household management |
| * income/finances | * medical needs | * personal relationships |
| * budgeting | * socialization and friendships | |

Individual Transition Life Plan

Student Name: _____

Date: _____

DOMAINS:

A. _____ Instruction

B. _____ Community Experiences

C. _____ Employment

D. _____ Adult Living/Daily Living Activities

LONG TERM GOALS:

OBJECTIVES/ACTIVITIES	RESPONSIBLE PERSON/AGENCY	TARGET DATE	STATUS