

SECONDARY INTEGRATED TRANSITION PLANNING MEETING

A co-ordinated plan developed by schools and community agencies with the young person and his/her parent/guardian, to help the young person transition from secondary school and child-centered services to adulthood.

1. STUDENT INFORMATION

Name		Date	
School		D.O.B.	
Grade	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 12+	Expected Graduation Date	

2. TRANSITION PLAN TEAM MEMBERS (Consents on File)

Name	Position	Agency/School
	Student	
	Parent (s)/ Guardian	
	SERT	
	Other School Supports	
	Agency Support	
	Agency Support	
	Agency Support	

Purpose	<input type="checkbox"/> Initial Transition Plan	<input type="checkbox"/> Update Transition Plan/Goals
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3. STUDENT'S STRENGTHS/NEEDS/INTERESTS

Strengths	Needs (What the student needs to be successful)	Interests (To be used to help direct Transition goals)

4. FOCUSING THE CONVERSATION: GUIDING PROMPTS TO SUPPORT DEVELOPMENT OF SELF-ADVOCACY AND TRANSITION PLANNING

(As goals are developed, they should be entered into Section 6)

	Topics of Discussion	Prompts/Questions to Guide Discussion and Goal Development
<input type="checkbox"/>	Time Management/Organization Skills	Do we need to develop strategies to help support: <ul style="list-style-type: none"> • Independent organization of materials? • Managing Time? Prioritization of Tasks? • Following Schedules? • Other student/team suggestions?
Notes (Expandable)		
<input type="checkbox"/>	Pathway Choices	Have we developed a Pathway to: <ul style="list-style-type: none"> • Post-Secondary Education? Employment? • Who is supporting us in making these choices? Guidance? Student Success? Alternative Programming? Outside agency? • What courses have we chosen (and should we choose) to meet the needs and interests of the student?
Notes (Expandable)		
<input type="checkbox"/>	Employability Readiness	Do we need to develop strategies to support: <ul style="list-style-type: none"> • Preparing for an interview? • Developing and maintaining a resume? • Decisions around working full or part-time? • Other student/team suggestions?
Notes (Expandable)		
<input type="checkbox"/>	Life Management Skills	Do we need to develop strategies to support independent: <ul style="list-style-type: none"> • Maintenance of personal appearance and hygiene? • Maintenance of a personal bank account with a basic understanding of currency? • Appropriate responses to various emergency situations? • Other student/team suggestions?
Notes (Expandable)		
<input type="checkbox"/>	Self-Advocacy Skills	Do we need to develop strategies to support independent: <ul style="list-style-type: none"> • Communication of his or her own strengths and needs? • Development of solutions to common problems or conflicts? • Review of social situations positively and appropriately? • Discussion of feelings in an appropriate manner?
Notes (Expandable)		
<input type="checkbox"/>	Problem Solving/ Decision-making skills	Do we need to develop strategies to support independent: <ul style="list-style-type: none"> • Use of a problem-solving framework? • Development of a plan of action to attain a personal goal?
Notes (Expandable)		

<input type="checkbox"/> Other?	
Notes (Expandable)	

EDUCATIONAL GOALS	<input type="checkbox"/> Certificate of Accomplishment (Completing high school without all necessary credits) <input type="checkbox"/> Certificate of Education or Ontario Secondary School Certificate OSSC (Having achieved 14 credits 7 compulsory/7 elective) <input type="checkbox"/> Ontario Secondary School Diploma (OSSD) (Having achieved 30 credits and 40 hours community involvement activities) <input type="checkbox"/> Reviewing Pathways to Success <input type="checkbox"/> Volunteer hours
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5. COMMUNITY LIVING GOALS/ VOCATIONAL GOALS

After high school the student might consider:	NOTES IN CONSULT WITH FAMILY (To be considered during development of Transition Plan)
<input type="checkbox"/> Independent Employment <input type="checkbox"/> Supported Employment <input type="checkbox"/> Volunteering <input type="checkbox"/> College/University/Apprenticeship <input type="checkbox"/> Substitute Decision Maker <input type="checkbox"/> Living on your own <input type="checkbox"/> Living with Support <input type="checkbox"/> Living with Family <input type="checkbox"/> Other _____	
Developmental Services Ontario (DSO): <i>Single point of contact for information about developmental services and supports.</i> Ontario Disability Support Program (ODSP): <i>Helps people with disabilities, who are in financial need for paying living expenses, like food and housing.</i>	Notes if DSO is Applicable:

6. Transition Plan (School-Specific Actions to be entered onto IEP Transition Page)

Transition Goal(s)		
Specific Transition Actions	Responsibility for Transition Actions <i>(Identify Student, Parent, Agency, School)</i>	Timelines <i>(For Completion of Actions)</i>

7. SERT Checklist

Item	Date	Comment
Next meeting		
Transition Plan entered into IEP		
Actions communicated to School staff involved.		
Copy of these notes		
<input type="checkbox"/> Parent/Guardian		
<input type="checkbox"/> Student		
<input type="checkbox"/> Agency/Other		
<input type="checkbox"/> OSR (Attached to IEP)		