**MY TRANSITION PLAN**

**Student Name:** **Date of Birth:**  **Age:** **Grade:**

**Parent(s)/Guardian(s)/Caregiver(s):**

**Teacher or School-Based Case Manager:** **Planned Date of Exit Meeting:**

**TRANSITION PLANNING TEAM:**

Coordinator: Tel: E-mail:

1. Tel: E-mail:

2. Tel: E-mail:

3. Tel: E-mail:

4. Tel: E-mail:

5. Tel: E-mail:

6. Tel: E-mail:

**MY TRANSITION-RELATED STRENGTHS:**

**MY TRANSITION-RELATED NEEDS:**

**MY VISION FOR THE FUTURE**

• **After high school:**

• **In five years:**

• **In ten years:**

**MY CULTURAL CONNECTIONS**

**FINANCIAL CONSIDERATIONS**

*My income source will be:*

[ ]  *Employment*

[ ]  *Family Support*

[ ]  *PWD / Disability Benefits*

[ ]  *Scholarship / Bursary / Grants:*

[ ]  *RDSP / Savings Plan:*

**MY HOUSING PLANS**

[ ]  One-year plan:

[ ]  Five-year plan:

[ ]  Ten-year plan:

**MY EDUCATIONAL / VOCATIONAL PLANS**

[ ]  Post-Secondary
[ ]  Employment / Work Placement

[ ]  College, University

[ ]  Supported / Customized Employment

[ ]  Technical, Trade School

[ ]  Community Inclusion Program

[ ]  Outreach

[ ]  Other

**MY INTERPERSONAL RELATIONSHIPS***(present feelings, happiness with current relatives and friends, and desires for future relations)*

Family

Friends

Intimate Relationship