**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