

## **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: \_\_\_\_\_ 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 Supported / Customized Employment Outreach Employment / Work Placement Technical, Trade School College, University **Community Inclusion Program** Other \_\_\_\_\_ MY INTERPERSONAL RELATIONSHIPS (present feelings, happiness with current relatives and friends, and desires for future relations) Family \_\_\_\_\_\_ Intimate Relationship