A circular graphic with multiple layers. In the center of the circle, student and youth outcomes.

Around that, the six student outcomes: Build self-determination and leadership skills; build skills to safely navigate community and access services; understand post secondary options; develop competence in computer and digital literacy; expectations of competitive employment and understand disability and health management.

Around the outcomes, achieve successful post-school outcomes and individualized access to services and supports.

Finally around the outside, coordinated support and collaborative partnerships and alignment of best practices. **Sequencing of Services Interagency Collaboration Notes for Student Planning**

School Team + Division of Vocational Rehabilitation + Community Centered Board + Center for Independent Living + Additional Partners as Appropriate

* Date (00/00)
* Check this document weekly for updates
* When emailing be sure to cc’ members of student’s team

| **Youth:** Name  **School or Program:**  **School Transition IEP:** | | | |
| --- | --- | --- | --- |
| *Career/Employment Goal:* | | | |
| *Education/Training Goal:* | | | |
| *Independent Living Goal:* | | | |
| **CIL Independent Living Plan:** | | | |
| *Goal:* | | | |
| **DVR IPE:** | | | |
| *Employment Goal:* | | | |
| **\*\*CCB Connected?** YES or NO or IN PROCESS or N/A **\*\* SSI:** YES or NO **\*\* Guardianship:** IN PLACE or NO | | | |
| Agency or Team | Outcomes of Work/Meeting with Youth | Follow up Needed | Questions |
| School Team  *Staff Contact Name* |  |  |  |
| CIL  *Staff Contact Name* |  |  |  |
| DVR  *Counselor Name* |  |  |  |
| XXXX  *Staff Contact Name* |  |  |  |