

## **Sample Transition Plan**

Complete applicable sections

<b>Student Name:</b>	<b>DOB:</b>
<b>SASID:</b>	

Date of anticipated discharge from treating agency:

Date of anticipated enrollment in receiving school:

Student address after discharge:

Parent/Guardian contact information:

Receiving school:

School address:

General schedule (school start time, end time, modified schedule, etc.):

Class schedule (which classes will the student be attending):

Instructional accommodations to be provided:

Behavior supports to be provided:

Services to be provided (special education, counseling, etc.):

Safety plan (yes or no, see attached):

Crisis Intervention plan (yes or no, see attached, part of IEP):

Transportation arrangements:

Other considerations:

Transition Plan participants: