

Sample Transition Plan

Name:	School:	Today's date:
Address:	Student #:	Date Plan Initiated:
City/Zip:	Teacher:	Year of Graduation/Completion:
Phone:	Grade:	DOB:

Individual Transition Life Plan

Participants:

Student:	Coordinator:	Other:
Parent/Caregiver:	Other:	Other:
Agency Rep:	Other:	Other:

Domains:

A) INSTRUCTION, may include, but not limited to:

* self-advocacy skills	* pre-vocational education	* vocational evaluation	* further instruction as it relates to adult services
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B) COMMUNITY EXPERIENCES, may include, but not limited to:

* participation, safety & consumerism	* recreation/leisure/fitness	* citizenship/legal issues/self-advocacy	* transportation/mobility/accessibility
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C) EMPLOYMENT, may include, but not limited to:

* career awareness	* work related skills/behaviors	* job placement & employment	* summer employment
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D) ADULT LIVING/DAILY LIVING SKILLS, may include, but not limited to:

* self care/personal needs	* living options	* household management	* personal relationships
* income/finances	* medical needs		
* budgeting	* socialization and friendships		