**Transition Plan Review Guide for Parents and Students**

Review date(s): \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This guide is meant to assist you as you review your child’s transition plan. Please include any additional comments and questions you may have as you read through your child’s plan. You may write your questions or comments on this sheet or directly on the plan and return them to your child’s case manager.**

**Some areas of the transition plan may be highlighted because parents are listed in that part of the plan.**

**If you have questions about this guide, please contact Amanda Locke, Parent Mentor at 739-3544 Ext. 237**

**EDUCATION/TRAINING**

Has your child mentioned another career or job choice other than what is listed on the plan? If so, what?

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEVELOPMENT OF EMPLOYMENT**

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY PARTICIPATION**

Are parents listed in this part of the plan? \_\_\_\_\_\_

Is there anything keeping this step from taking place?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADULT LIVING SKILLS & POST SCHOOL OPTIONS**

Are parents listed in this part of the plan? \_\_\_\_\_\_

Is there anything keeping this step from taking place?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there additional skills your child works on at home that may help in this part of the plan?

Tasks such as: Meal planning Grocery shopping Scheduling appointments

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATED SERVICES**

Does your child currently receive related services?\_\_\_\_\_\_\_\_

If referrals have been made to outside agencies, has there been follow up with those agencies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything keeping this step from taking place?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAILY LIVING SKILLS**

This area relates to personal care and well-being and decreased dependence on others.

Are there skills that your child may need to practice that are not identified in this area?\_\_\_\_\_

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSFER OF RIGHTS**

Do you have questions about this section of the plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_