

My Transition Action Plan for this School Year

1. My name is _____

2. I am ___ years old and plan on graduating from High School on _____.

___ I need more credits to earn my high school diploma.

___ I don't know how many credits I have or need for graduation.

___ I want to stay in school to work on independent living and work skills even though I have already earned all the credits I need for a diploma.

___ I am interested in going to a vocational center.

3. My Future Planning/Vision for After Graduation:

___ I want to get a job

___ I want to go to college

___ I want to live _____ (with family/others, with a friend, by myself)

___ I want to participate in _____ after I graduate. (recreational activities, sports, clubs)

4. I have the following needs I want to share with my IEP team:

___ Behavior

___ Communication Needs

___ Assistive Technology Devices/ Services

___ Health/medical needs

___ Transportation

___ Other needs

5. Non-Academic and Extracurricular Activities:

- Activities/Clubs: I would like to participate in the following activities/clubs/events/sports/jobs around the school this school year

- I need the following help/supports to help me participate in these activities: _____

6. My Goal for Further Education/Training for this school year:

- I want to take the following classes this school year to help me meet my future goals

- I want my IEP team to provide me with the following transition services/activities so I can progress towards my Post-secondary Education/Training goal for this year. (choose an activity from list or other activity)

- Help I need to be successful in these activities: _____

7. My Employment Goal for the future:

- After Graduation, I will work for competitive pay, full time/part time in the community at _____

- I want to take the following classes or learn this skill this school year to help me meet my Employment goal _____

- I want my IEP team to provide me with the following transition services/activities so I can meet my Employment goal for this year. (choose from list or other activity)

- Help I need to be successful in these activities:

8. My Independent Living Goals:

- After Graduation, I will:
 - Live independently
 - Live independently with supports
 - Live with family
 - independently use public transportation to travel around my community
 - participate in the following recreation/leisure activities

- I want to take the following classes or learn the following skills this school year to help me meet my Independent Living goals.

- I want my IEP team to provide me with the following transition services/activities so I can meet my Independent Living goals for this year. (choose from list or other activity)

For Independent Living, I would like to work
on _____

For Community Participation, I would like to work
on _____

For my Recreation/Leisure, I would like to work
on _____

For Self Advocacy, I would like to work
on _____

I would like to participate in my IEP team meetings by

Support/Accommodations/Modifications I need to be successful in these
activities _____

9. Other Agencies:

___ I need information from the IEP team about other agencies/ adult services/public benefits available to me once I graduate

___ I would like my IEP team to help me create a list of agencies/adult services/public benefits that may be available to me now and after graduation along with contact and eligibility/enrollment information.

___ I would like my IEP team to make referrals to help me in contacting and applying/enrolling in the following programs/adult services agencies:

___ **County Board of Developmental Disabilities (DD)** (provides services to people with developmental disabilities)

___ **Opportunities for Ohioans with Disabilities (OOD/BVR)**(provides help for eligible people with disabilities to get and keep a job)

___ **Ohio Dept. of Mental Health** (provides information and services for people with mental health needs)

___ **Medicaid** (provides financial assistance, supports, food stamps, waiver services, and medical coverage for eligible individuals with disabilities and those with limited incomes)

___ **Social Security** (provides financial assistance for eligible individuals with disabilities)

___ **Public Transportation for Individuals with Disabilities** (Provides special transportation and travel training for eligible individuals with disabilities)

___ other _____

10. Other Information I would like my IEP team to know about me to help me plan for my future:

11. I shared this plan with my IEP team on _____.

Student's signature date

Signatures of IEP Team members date