



TURTLE MOUNTAIN SCHOOL DIVISION

Box 280
435 Williams Avenue
Killarney, Manitoba
R0K 1G0
Office: (204) 523-7531
Fax: (204) 523-7269

Individual Transition Plan

School: Choose a school.

Year: Click here to enter text.

Case Manager:

A. Introduction: A formal transition planning process is essential to ensure the successful transition from school to community living for young adults with special needs who require additional agency supports after leaving school.

The level and type of services required to support an individual in making a successful transition from school to adult living is determined on an individual basis through the development of an Individual Transition Plan. The formal transition plan assists a person with special needs to make a meaningful adjustment in the vocational area as well as in the areas of independent community living and recreation.

B. Identifying Data

Name: **Funding:** Choose level and category of funding.

M.E.T. #: **Funding Renewal Date:** Click here.

V.R. #: **Previously Funded:** Yes No

P.H.I.N. #: **S.I.N. #:**

D.O.B: Click here. **Age:**

Sex: Male Female **Grade:** Choose a grade.

Status: Resident Non-Resident **Driver's License:** Yes No

Transportation Plan: Yes No **Behaviour Plan:** Yes No

Parent/Legal Guardian:

Residential Setting: Parental Home Group Home Foster Home

Address: P.O. Box _____ Town: _____ Postal Code: _____

Home Phone #: _____ **Email Address:** _____

Cell Phone # (Mother): _____ **Cell Phone # (Father):** _____

ITP Review Dates: **Fall:** Click here to enter a date. **Spring:** Click here to enter a date.

Projected date of Transfer: Click here to enter a date.

C. School History

First Language:

Schools Attended:

Grade Completed: Choose a grade.

Attendance:

D. Support Services: (Counsellor, Psychologist, Mental Health, SLP, CSS, VR, SMD, MSD, OT, PT, CFS, etc.)

Name:

Agency:

Title:

Phone #:

Cell #:

Email:

Name:

Agency:

Title:

Phone #:

Cell #:

Email:

Name:

Agency:

Title:

Phone #:

Cell #:

Email:

E. Medical Information: (vision, hearing, medication, health-care plan, medical condition/diagnosis and how it impacts on learning)

Student Profile:

Diagnosis	Date	Practitioner

Medical Information:

General Health: Average Needs Assistance

Physical Disability: Yes No

Communication: Verbal ASL Computer

Auditory: Normal Deaf Assisted

Vision: Normal Glasses Other

Special Diet Yes No

Medication: Yes No

F. Most Recent Assessments: (psych, SLP, resource, OT/PT, etc: include date, who, summary). More specific information is available upon request.

Assessment	Date	Clinician/Resource Teacher	Summary

G. Life Skills Performance Profile: The Life Skills Performance Profile outline will assist in identifying areas of strength and weakness requiring program intervention. The outline lists the basic areas in which development is essential for making a successful transition from school to adult living, but not exhaustive.

Communication, Speech/Language: Mode and performance level of communication Normal See Below

Behavioural Considerations: Yes No

Social Interaction Skills: Good Satisfactory Needs Improvement

Personal Care: Independent Semi-independent Dependent

Domestic Skills: Independent Semi-independent Dependent

Community Functioning Skills: Average Needs Assistance

Community Access: Mode of transportation used:

Writing: Independent Print Cursive Keyboarding

Hand Dominance: Right Left

H. Adaptations

Environment:

- | | |
|---|--|
| <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Alter physical arrangements |
| <input type="checkbox"/> Reduce distractions | <input type="checkbox"/> Adapt writing utensils |
| <input type="checkbox"/> Provide quiet corner/room | <input type="checkbox"/> Use of study carrel (voter boxes) |
| <input type="checkbox"/> Modify equipment | <input type="checkbox"/> Assistance in maintaining uncluttered space |
| <input type="checkbox"/> Space for movement or breaks | |

Instructional:

- | | |
|---|---|
| <input type="checkbox"/> One-on-one/resource instruction | <input type="checkbox"/> Note take, Outlines, Study Guides |
| <input type="checkbox"/> Vary method/content of instruction | <input type="checkbox"/> Modify workload length time |
| <input type="checkbox"/> Alternative assignments | <input type="checkbox"/> Answers can be dictated |
| <input type="checkbox"/> Extra visual/verbal cues and prompts | <input type="checkbox"/> Provide word bank |
| <input type="checkbox"/> Augmentative communication devices | <input type="checkbox"/> Hands-on activities |
| <input type="checkbox"/> Computer, calculator, recorder, Ipod use | <input type="checkbox"/> Highlight materials |
| <input type="checkbox"/> Books on tape | <input type="checkbox"/> Use of manipulatives |
| <input type="checkbox"/> Textbooks for at home use | <input type="checkbox"/> No penalty for spelling, handwriting |
| <input type="checkbox"/> Follow routine or schedule | |

Social/Behavioural:

- | | |
|--|--|
| <input type="checkbox"/> Provide immediate feedback | <input type="checkbox"/> Peer buddies |
| <input type="checkbox"/> Rest breaks | <input type="checkbox"/> Provide counselling |
| <input type="checkbox"/> Behavioural intervention strategies | <input type="checkbox"/> Study skills instructions |
| <input type="checkbox"/> Develop crisis intervention plan | <input type="checkbox"/> Verbal/visual cues for transitions/directions/staying on task |
| <input type="checkbox"/> Use reinforcement system | <input type="checkbox"/> Management skills instructions |
| <input type="checkbox"/> Develop circle of friends | <input type="checkbox"/> Agenda book |
| <input type="checkbox"/> Visual daily schedule | <input type="checkbox"/> Give warning before activity change |
| <input type="checkbox"/> Adjust assignment timelines | <input type="checkbox"/> Daily check-in with case manager/teacher |

Testing Accommodations:

- | | |
|--|--|
| <input type="checkbox"/> Allow answers to be dictated | <input type="checkbox"/> Shorten test |
| <input type="checkbox"/> Allow frequent rest breaks | <input type="checkbox"/> No penalizations for spelling |
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Read test to student |
| <input type="checkbox"/> Oral testing format | <input type="checkbox"/> Review answers/limit testing |
| <input type="checkbox"/> No timed tests | <input type="checkbox"/> Provide study guide prior to test |
| <input type="checkbox"/> Alter test type (multiple-choice, essay, T/F) | <input type="checkbox"/> Highlight key directions |
| <input type="checkbox"/> Accept short answers | <input type="checkbox"/> Give test in alternative site |
| <input type="checkbox"/> Allow open book or open note tests | <input type="checkbox"/> Allow calculator, word processor |

I. Roles/Responsibilities of the Team Members

- Student:** Follow the rules and routines directed by teacher/school. Follow instructions of adult in charge. Complete all tasks assigned by adult in charge.
- Classroom Teacher:** Provide adaptations to educational programming in accordance with IEP with guidance and support from resource teacher. Attend regular meetings regarding with student. Consult regularly with resource teacher regarding progress and program. Support and provide direction for EA working with student.
- Educational Assistant:** Support, guide and monitor the student following IEP. Consult with teacher and resource teacher regarding progress, program changes, incidents, etc.
- Resource Teacher/Case Manager:** Support the classroom teacher on a consultative approach with regards to material suggestions, management techniques, further referrals, action plans, intervention plans and other supports to the EA/teacher working with this student. Make appropriate referrals to outside agencies and other professionals as needed. Set up regular round table meetings and contact parents, social workers, foster parents, clinicians, Student Services coordinator as needed.
- Counsellor/Case Manager:** Support classroom teacher/EA/Resource Teacher with programming using a consultative and/or direct service model. Attend IEP meetings as appropriate, assisting with behaviour intervention plans. Individual/group counselling as required. Make appropriate referrals to outside agencies and other professionals as needed.
- Clinicians:** Support program implementation, monitoring and reviewing program, attend ITP/IEP meetings. May provide assessments and recommendations for programming and follow-up to existing program.
- Parents/Legal Guardian:** Support IEP/ITP designed for your child. Attend regular meetings. Notify school case manager of any family, medical or other important issues/changes. Share progress and difficulties/success at home with the school personnel.
- Foster Parent:** Support IEP/ITP designed for your foster child.
- Principal:** Contact parents when required; support IEP/ITP, attend IEP meetings.
- Vocational Counsellor:** Assist in exploring vocational goals based on the individual's interests, abilities and skills.
- Others:**

J. Student Specific Programming

- Regular Program**
- Adapted Program:** Adaptation means a change made in the teaching process, resources, assignments, or student products to help a student achieve the expected learning outcomes. Adaptation addresses identified student-specific needs.
- Modified Program:** Modification is appropriate for students who have a significant cognitive disability and refers to altering the number, essence and content of the curricular learning outcomes that the student is expected to meet. Students receiving modification will have an IEP that details the curriculum modifications and an implementation of the plan.

In High School, students with significant cognitive disabilities can register for Modified (M) courses. M-designated courses are intended for students who will benefit from department-developed or approved curricula, providing they have been modified significantly to meet the student's unique learning requirements.

- Individualized Program:** Individualized programming is intended for students whose cognitive disabilities are so significant that curricula developed or approved by Manitoba Education do not meet their specific learning needs; they require individualized learning experiences that are functionally appropriate. Students receiving individualized programming will have an IEP that details their student-specific outcomes and implementation plan.

Domain:

Choose a domain.

**Personnel
 Responsible:**

**Current Level
 of Performance:**

Student Outcome	Materials/Methods/Strategies	Assessment Procedures
	•	•
<p>ITP Meeting Update: Team meeting held on Click here to enter a date.</p> <p>•</p>		

Domain:

Choose a domain.

**Personnel
Responsible:**

**Current Level
of Performance:**

Vocational Preferences	Work History
Type of work the student wants to do: •	•
ITP Meeting Update: •	Team meeting held on Click here to enter a date.

Domain:

Choose a domain.

**Personnel
 Responsible:**

**Current Level
 of Performance:**

Student Outcome	Interventions/Materials/ Methods/Strategies	Persons/Agencies Responsible
	•	•
<p>ITP Meeting Update: Team meeting held on Click here to enter a date.</p> <p>•</p>		

K. Signatures: The IEP has been interpreted and discussed with all members of the educational support team.
Signature indicates understanding of IEP.

Role	Name	Signature	Date
			Click here to enter a date.
			Click here to enter a date.
			Click here to enter a date.
			Click here to enter a date.
			Click here to enter a date.