



Special Education Department

Bulletin #9

Subject- Transition Documentation for Students with ASD.

- Huron-Perth Catholic District School Board and Thames Valley Children's Centre have developed documentation to support grade-grade transitions (some more specific to students with ASD).
- All documents are accessible through the ABA icon (Transitions) and the Special Education icon (Forms & Templates—Transition Documents).
- The process/paperwork is divided amongst team members and covers all major areas of importance.

A. *HPCDSB Transition Checklist (grade-grade) pg. 1-4*

School SERT will check each box in preparation for a team transition meeting. Note boxes can be left for meeting notes and/or contain vital information that the SERT wishes to highlight.

B. *TVCC Getting to Know the Student Questionnaire (grade-grade) pg. 1-2*

Sending Teacher can complete this questionnaire and return to the SERT prior to a team transition meeting. Teacher may attach pages as necessary.

C. *Environment Preparation Questionnaire (grade-grade) pg. 1-3*

The Transition Team will complete this questionnaire once A. & B. have been reviewed. An "Action Plan" is to be developed collaboratively for each section.

D. Grade-Grade Action Plan pg. 1

This action plan will serve as a guide and can be completed by the **Transition Team** throughout the meeting. It is advisable to revisit each task with the person responsible in advance of the proposed target date.

Total: **5-page double sided transition booklet** for each member of the team.



Transition Checklist



Student: _____ Grade: ____ O.E.N.: _____

Present School: _____

Exceptionality

<u>Behaviour</u>	<u>Communication</u>	<u>Intellectual</u>	<u>Physical</u>	<u>Multiple</u>
<input type="checkbox"/> Behaviour	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Physical	<input type="checkbox"/> Multiple (check the exceptionalities that determine this designation)
	<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Mild Intellectual Disab.	<input type="checkbox"/> Blind/Low Vision	
	<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Giftedness		
	<input type="checkbox"/> Deaf/Hard of Hearing			
	<input type="checkbox"/> Autism			

Notes:

Hearing, Vision, Mobility:

<u>Hearing:</u>	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Wears hearing aids	<input type="checkbox"/> Personal FM system	<input type="checkbox"/> Soundfield
<u>Vision:</u>	<input type="checkbox"/> Low vision	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Wears glasses	
<u>Mobility:</u>	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheel chair	<input type="checkbox"/> Use of elevator required	

Notes:

Communication:

<input type="checkbox"/> sounds	<input type="checkbox"/> eye gaze	<input type="checkbox"/> can listen/understand intent
<input type="checkbox"/> single words	<input type="checkbox"/> gestures	<input type="checkbox"/> can follow verbal instructions
<input type="checkbox"/> word combinations	<input type="checkbox"/> points to concrete objects	<input type="checkbox"/> use of language(s) other than English in home
<input type="checkbox"/> complete short sentences	<input type="checkbox"/> points to symbols	
<input type="checkbox"/> converses in sentences	<input type="checkbox"/> manual signs	

Notes:



Transition Checklist

(continued)



Student: _____

Assistive Devices Used:

<u>Expressive</u>	<u>Receptive</u>	<u>Written</u>	<u>Other</u>
<input type="checkbox"/> Braille	<input type="checkbox"/> Braille	<input type="checkbox"/> Computer	<input type="checkbox"/>
<input type="checkbox"/> Computer	<input type="checkbox"/> FM system	<input type="checkbox"/> Laptop	<input type="checkbox"/>
<input type="checkbox"/> Pic symbols	<input type="checkbox"/> PECS symbols	<input type="checkbox"/> Use of scribe	<input type="checkbox"/>
<input type="checkbox"/> Signing	<input type="checkbox"/> Signing		<input type="checkbox"/>
<input type="checkbox"/> Voice talker			<input type="checkbox"/>

Notes:

Self-Help Needs:

<input type="checkbox"/> Dressing	<input type="checkbox"/> Minimal support	<input type="checkbox"/> Moderate support	<input type="checkbox"/> Full support	<input type="checkbox"/> Soundfield
<input type="checkbox"/> Feeding	<input type="checkbox"/> Assistance with self-feeding	<input type="checkbox"/> Spoon feeding	<input type="checkbox"/> Swallowing difficulties	<input type="checkbox"/> G-tube feeding
<input type="checkbox"/> Toileting	<input type="checkbox"/> Toilet trained	<input type="checkbox"/> Diapered	<input type="checkbox"/> Minimal support	<input type="checkbox"/> Physical lifting/transferring required

Notes:

Behaviour/Safety Concerns:

<input type="checkbox"/> Difficulties with changes in routine	<input type="checkbox"/> Will swallow non-edible objects
<input type="checkbox"/> Tantrums, physical, verbal outbursts	<input type="checkbox"/> Self-injurious behaviour
<input type="checkbox"/> Does not understand personal safety	<input type="checkbox"/> Other
<input type="checkbox"/> Difficulty attending to activities	
<input type="checkbox"/> Wanders or runs away	

Notes:

Medical Concerns:

<input type="checkbox"/> Seizures	<u>Notes:</u>
<input type="checkbox"/> Heart/lung	
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Suctioning	



School Entry—Student Information



Student: _____ Grade: ____ O.E.N.: _____

Parents: _____ Contact info: _____

Contact	Name	Telephone Number	Email
Classroom Teachers	1.		
	2.		
	3.		
	4.		
Resource Teacher			
Principal			
Education for All Board Contact			
CCAC Contact			
Speech-Language Pathologist			
Occupational Therapist			
Physiotherapist			
Physician			
Psychologist			
Community Contacts (counselors, etc.)			
Parents			
Siblings in the School (name, grade)			
Peer Supports (name, grade)			
Other(s)			

Grade-to-Grade

Getting to Know the Student Questionnaire

This questionnaire is designed to provide information from the team or current educators to the receiving teacher. Receiving teachers can also use this questionnaire as a guideline for information seeking.

Additional space may be required to complete this form. Attach pages as necessary.

Communication

Method of Communication

1. Does the student spontaneously request preferred items? Yes No
2. Does the student ask for help when needed? Yes No
3. Does the student respond to one step instructions (i.e., Get your coat)? Yes No
4. Explain effective strategies to enhance understanding when communicating with the student. How is understanding assessed?

See the *This is Me* booklet for further information from the family and the student.

Social

1. How often does the student interact with other peers?
 All day $\frac{1}{2}$ day $\frac{1}{4}$ day Less than $\frac{1}{4}$ Other _____
2. Have peers participated in any disability awareness activities? Yes No
3. Have peers been taught how to interact with the student? Yes No
4. What are the most effective strategies to include peers:

5. Explain successful and challenging times when interacting with peers:

6. What support is needed from adults?

* For further information on Strategies refer to the *Elementary to Secondary Transition Workbook*.

Social Skills

1. Does the student interpret situations literally? Yes No
2. Is the student rule-bound in social situations? Yes No
3. Does the student join in appropriately? Yes No
4. Does the student understand unwritten social rules? Yes No

Explain Social Skills Areas of Strength and Growth:

Interests

1. Does the student have specific areas of interest? Yes No
2. Is the student reinforced by social praise? Yes No
3. Is the student motivated by an activity or object? Yes No
4. Are preferred interests incorporated throughout the day? Yes No

Describe Interests:

Considerations for Learning

1. How does the student learn most effectively?

2. List common accommodations for the student:
(or indicate where accommodations are documented)

* For further information on Strategies refer to the *Elementary to Secondary Transition Workbook*.

Grade-to-Grade Environment Preparation Questionnaire

This questionnaire is designed to help plan the receiving environment and educators for the student with ASD. It is to be completed by the transition team during the team meeting. Universal Supports have been used as a guide. They benefit students with ASD by increasing independence and learning opportunities.

Additional space may be required to complete this form. Attach additional pages as necessary.

Functional Communication

For further information on Universal Supports, see *Reference Manual*, page 22

1. Are all staff aware of the student's communication system/method (e.g., classroom staff, bus drivers, yard duty supervisors)? Yes No
2. Is technology required for communication? Yes No
3. Is the communication system portable for all environments? Yes No
4. Is the Speech Language Pathologist involved/available for assistance? Yes No

Action Plan:

Visual Strategies

Visual Schedules

See *Strategies*, page 22
2.4 Visual Schedules

1. Are schedules available for the student? Yes No
2. Are changes required for the new classroom/schedule? Yes No
3. Is there a plan to communicate schedule changes (e.g., a word or symbol to indicate change)? Yes No

Action Plan:

Visual Strategies

See *Strategies*, page 21 and 22
2 Visual Strategies
4 Social Skills Strategies

1. Can the student benefit from class-wide visual strategies? Yes No
2. Are social facts or scripts available? Yes No
3. Are visual strategies available to support transitions throughout the day (e.g., entering the classroom, riding the bus, going to other classes, changing tasks)? Yes No

Action Plan:

Materials for Preparation

See *Strategies*, page 21
2 Visual Strategies

1. Is someone identified to prepare pictures of the classroom, peers, and educators? (parents'/students' consent may be required for photographs of peers) Yes No
2. Will maps or videos be created? Yes No

Action Plan:

* For further information on Strategies refer to the *Elementary to Secondary Transition Workbook*.

Peer Supports

See *Strategies*,
page 23
4.3 Peers
4.4 Disability/Peer
Awareness

1. Do plans promote close proximity to same-age peers? Yes No
2. Are familiar peers available to interact with the student? Yes No
3. Are peer awareness activities planned for the new school year? Yes No
4. Will the peers require training to promote interactions? Yes No
5. Are peers available for support before the bell and at recess? Yes No

Action Plan:

Teaching Strategies

See *Strategies*,
page 23
6 Instructional
Strategies

Classroom Staff

1. Are plans to accommodate lessons identified? Yes No
2. Are plans required to teach any new classroom routines? Yes No

School Staff

1. Is the bus driver aware of strategies to assist the student? Yes No
2. Are yard duty supervisors aware of the student and action plans? Yes No

Action Plan:

Independence/Lifespan Planning

See *Reference
Manual*,
Chapter 4

1. Are plans available to teach the student to speak-up ? Yes No
2. Are there opportunities to participate in extracurricular activities? Yes No
3. Are opportunities available to complete everyday tasks and routines independently? Yes No
4. Are plans developed to assist the student in developing career skills in their specific areas of interest? Yes No

See *Strategies*,
page 24
6.4 Develop
Talents

Action Plan:

Classroom Supports

School Staff

1. Is someone required to meet the student when dropped off ? Yes No
2. Are any new accommodations required on the bus (e.g., peer buddy)? Yes No

Action Plan:

* For further information on Strategies refer to the *Elementary to Secondary Transition Workbook*.

Classroom Staff

1. Are plans in place to provide support and encourage independence? Yes No
2. Are teacher and EA roles and responsibilities clear? Yes No
3. Have ASD resources and training opportunities been provided to the classroom team? Yes No
4. Is there a team communication system (e.g., monthly meeting)? Yes No

Action Plan:

See *Strategies*,
page 24
7 Classroom
Set-Up

Physical Environment

1. Are locations in the classroom clearly delineated (e.g., handing in assignments, groupwork area)? Yes No
2. Does the student require a specific area to sit in (i.e., close to the teacher, door)? Yes No
3. Are safety concerns on the school yard considered? Yes No
4. Are there challenging locations in the school that require accommodations (e.g., door to custodian's room, noisy areas)? Yes No

Action Plan:

See *Strategies*,
page 23
6 Instructional
Strategies

Consistent Behaviour Programming

1. Do classroom management strategies include reinforcement systems? Yes No
2. Are prevention strategies documented? Yes No
3. Do plans include teaching alternative skills? Yes No
4. Is a behaviour plan available for challenging behaviour? Yes No
5. Is there a plan to promote consistency of this plan across staff members? Yes No

Action Plan:

See *Strategies*,
page 24
8 Home/School
Communication

Home/School Communication

1. Determine the most effective method to communicate with the family.

Action Plan:

* For further information on Strategies refer to the *Elementary to Secondary Transition Workbook*.

