



Transition Planning (Elementary to Secondary)

A transition plan as described in this document is the school's written plan to assist the student in making a successful transition from elementary school to secondary school. These documents will support each exceptional student who is 14 years of age or older, unless the student is identified as exceptional solely on the basis of giftedness.

Contents

- Page 1 Transition Planning Timeline
- this timeline outlines duties/responsibilities for each member of a student's team
(Grade 8 teacher, elementary SERT, secondary SERT, elementary and secondary principals)
- Page 2-4 Transition Checklist
- a detailed guide to a student's exceptionality as well as special considerations (eg. hearing, vision, mobility)
- to be completed by Grade 8 teacher, SERT, and principal, of the sending school as well as the student's parents
- Page 5 School Entry - Student Information
- a list of teachers, consultants, and resource personnel who are involved with the student
- to be completed by Grade 8 teacher, SERT, and principal, of the sending school
- parents of the student should also be invited to contribute
- Page 6 Ongoing Transition Plan - Secondary Planning
(print on landscape page orientation)
- a chart that lists a student's courses as well as the goals and expectations for each course
- to be completed by secondary SERT and classroom teachers
- Page 7-8 Learning Assistance Program
- a listing of details regarding areas such as: reasons for requesting support services, grade levels in academic areas (from Grade 8), factors that may affect student's achievement level, instructional, environmental, and/or assessment accommodations that a student requires in order to access curriculum and demonstrate learning

Transition Planning Timeline

	Grade 8 Teacher Elementary SERT	Secondary SERT	Secondary Teachers
September	<ul style="list-style-type: none"> • begin to fill in Transition Checklist (form B) • identify team members 	<ul style="list-style-type: none"> • final confirmation of classes • discuss transition concerns (programming, support needs, problem solving) in fall of Gr. 9 year • ongoing training and support for new students • provide support for teachers in completing Ongoing Transition Plans for new and returning students 	<ul style="list-style-type: none"> • meet with SERT, EA, other support staff • complete Ongoing Transition Plans for new students • review Ongoing Transition Plans for returning students
October - December	<ul style="list-style-type: none"> • notify secondary school of transition plan (notify secondary school SERT of Grade 8 students who will have Transition Plans for next school year) • plan for assessments if necessary (OT, PT, SLP, WJ III) • notify secondary school of budget issues, ordering of equipment, and/or structural changes (form B) 	<ul style="list-style-type: none"> • inform administration principal of students arriving from Grade 8 • share budget needs with Administration • meet with semester 2 teachers • establish training needs for semester 2 staff 	<ul style="list-style-type: none"> • prepare for semester 2 by reviewing Ongoing Transition Plan • fill out academic goals template into Ongoing Transition Plan
January - March	<ul style="list-style-type: none"> • set meeting dates with secondary SERT (include Education for All Coordinator for students with high needs) to review Transition Checklists for Grade 8 students invite appropriate support staff to IPRC meetings where necessary (these should be completed prior to March Break, if possible) • review equipment needs for secondary school in consultation with secondary SERT • inform parents of transition steps and timelines • notify outside agencies of transition 	<ul style="list-style-type: none"> • set observation dates with elementary SERTs and Gr. 8 classroom teachers to observe student in current classroom (for students with high needs) • contact outside agencies and support services that may be required • attend annual IPRC/Transition meetings at elementary schools • contact parents to set dates for student to visit the high school, if applicable (with EA and parents if necessary) 	
April - June	<ul style="list-style-type: none"> • notify secondary SERT of equipment that will be moving, and approximate delivery date • ensure all SEA equipment is labelled and transferred to secondary school by end of June 	<ul style="list-style-type: none"> • share list of students with Transition Plans with Dept. Heads and potential teachers • Conduct students visits for grade 8 students with specialized needs • insert goals into Ongoing Transition Plan under personal management section • finalize Grade 9 course selection • set up peer supports/Circle of Friends • gather contact information for student's support system • ensure requests for special transportation are in place 	



Transition Checklist

* To be completed by the sending school *



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

Present School: _____

Transition to: __ St. Michael, Stratford __ St. Anne's, Clinton

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

* To be completed by the sending school *



St. Michael, Stratford

St. Anne's, Clinton

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)			



BOARD MISSION STATEMENT

We are a Catholic School Board.

We serve our students, working with the home, parish and school community to:

- † nurture a Christ-centred environment
- † provide student-focused learning opportunities
- † support the growth of the whole person

Student Name:	Grade:
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Semester:	SERT Contact:
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<u>PERSONAL MANAGEMENT</u>	<u>COURSE</u>	<u>ACADEMIC</u>	
<input type="checkbox"/> Daily Routines <input type="checkbox"/> Communication		COURSE GOAL	EXPECTATIONS
	<u>COURSE 1:</u>		
	<u>COURSE 2:</u>		
	<u>COURSE 3:</u>		
	<u>COURSE 4:</u>		



Learning Assistance Program

* To be completed by the sending school *



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

Present School: _____

Transition to: ___ St. Michael, Stratford ___ St. Anne's, Clinton

Reason for Requesting Support Services

- | | |
|--|--|
| <input type="checkbox"/> Academic Achievement
<input type="checkbox"/> Previous or Current Recipient of Support from an Educational Assistant | <input type="checkbox"/> Behavioural Concerns
<input type="checkbox"/> Attention Difficulties |
|--|--|

Academic Areas	At Grade Level	Below Grade Level <small>(indicate grade level where applicable)</small>	Possible Factors Affecting Student's Achievement Level
Reading Decoding Skills			Attendance
Reading Comprehension			Work Ethic
Spelling			Behaviour
Grammar/Mechanics			Organization/Time Management
Organization			Study Skills/Test Writing
DRA/CASI Level			Note-Taking
Mathematics			Memory
			Attention/Listening Skills
			High Stress
			Counseling Issues

Social and Emotional Behaviours (✓)							
Self-concept	strong						weak
Behaviour	cooperative						defiant
	passive						aggressive
	attentive						easily distracted
Work Attitudes	independent						dependent



Learning Assistance Program
(continued)



Student: _____

Accommodations	Presently Used	To Be Implemented or Continued
Books on tape		
Calculator is used for computation (process for computation is known)		
Content area reading is done orally		
Daily assignment/daily communications book between teacher and home		
Exams and/or notes are scribed		
Exams are written in a separate area		
High percentage of grade given to daily assignments		
Kurzweil		
Oral exams		
Oral assignments		
Quantity of work limited		
Requires time extension for assignments and/or tests		
Subject notes are photocopied		
Word processor used for assignments and/or tests		
Language program (identify specific strands if applicable)	<input type="checkbox"/> Accommodated <input type="checkbox"/> Modified	<input type="checkbox"/> Accommodated <input type="checkbox"/> Modified
Math program	<input type="checkbox"/> Accommodated <input type="checkbox"/> Modified	<input type="checkbox"/> Accommodated <input type="checkbox"/> Modified

Completed by: _____

Date: _____

Parent Signature: _____

Principal: _____