



## **Transition Planning (Grade-to-Grade)**

A transition plan as described in this document is the school's written plan to assist the student in making a successful transition between grades in elementary school. These documents will support each exceptional student, unless the student is identified as exceptional solely on the basis of giftedness.

### Contents

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- a detailed guide to a student's exceptionality as well as special considerations (eg. hearing, vision, mobility)
- to be completed by school team (if already completed, please verify for necessary updates)

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- a list of teachers, consultants, and resource personnel who are involved with the student
- to be completed and/or updated by school team
- parents of the student should also be invited to contribute

Page 5-6 Learning Assistance Program

- a listing of details regarding areas such as: reasons for requesting support services, grade levels in academic areas, 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
- to be completed and/or updated by school 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)			



## Learning Assistance Program



Student: \_\_\_\_\_ Grade: \_\_\_\_\_ O.E.N.: \_\_\_\_\_

Present School: \_\_\_\_\_

### Reason for Requesting Support Services

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