

TRANSITION CHECKLIST

Student's Name: _____

Current School Year: _____

**JANUARY:
Meeting**

- Initial Transition Team Meeting Agenda
- Establish core/extended teams (sending)
- Parents informed about transition timelines/process
- Educational options identified
- Identify current available resources
- Accessibility concerns
- Other items:

Person(s) Responsible

Date Completed

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**FEBRUARY:
Actions**

- Identification of students strengths/needs
- Information gathering about next environments (e.g., classroom arrangement, teaching methods, materials available, schedule)
- Complete Parent Inventory and Transition Skills Assessment
- Discuss 1/2 day/full day options with parents for next year
- Other items:

| | |
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**MARCH:
Actions**

- Identify next year's school
- Identify receiving team members (core/extended)
- Parent(s) meet next year's teacher(s)
- Opportunities for potential receiving staff to observe current setting (e.g., teachers, administrators, support staff)
- Begin updating assessment

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| Meeting | Person(s) Responsible | Date Completed |
|--|-----------------------|----------------|
| <ul style="list-style-type: none"> • Sending and receiving teams meet to share information/ plan for upcoming transition IEP | _____ | _____ |
| <ul style="list-style-type: none"> • Collect video footage across the day | _____ | _____ |
| <ul style="list-style-type: none"> • MAPS process/ suggest IEP goals | _____ | _____ |
| <ul style="list-style-type: none"> • Other items: | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| APRIL: | | |
| Meeting | | |
| <ul style="list-style-type: none"> • Sending and receiving teams meet for IEP: | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Hold staffing to determine eligibility for services | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Develop IEP | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Summer program options | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Resources/ materials/ adaptations | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Collect video footage across the day | _____ | _____ |
| Actions | | |
| <ul style="list-style-type: none"> • Parent(s) observe next year's school | _____ | _____ |
| <ul style="list-style-type: none"> • Draft visitation schedule for student to visit new classroom/ building | _____ | _____ |
| <ul style="list-style-type: none"> • Identify inservice needs (e.g., receiving staff, peer orientation, other building staff) | _____ | _____ |
| <ul style="list-style-type: none"> • Other items: | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| MAY: | | |
| Meeting | | |
| <ul style="list-style-type: none"> • Sending and receiving teams meet to share information/ plan for upcoming school year: | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Identify resources/ support services | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Draft tentative student schedule | _____ | _____ |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> • Matrix | _____ | _____ |
| <ul style="list-style-type: none"> • Determine how classroom teacher, special education teacher, and facilitator (if needed) will work together | _____ | _____ |
| <ul style="list-style-type: none"> • Transportation | _____ | _____ |
| <ul style="list-style-type: none"> • Other items: | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| AUGUST: Meeting | Person(s) Responsible | Date Completed |
|--|------------------------------|-----------------------|
| •Sending and receiving teams meet to share information/plan for school year: | _____ | _____ |
| •Review and update student's schedule | _____ | _____ |
| •Establish home-school communication system | _____ | _____ |
| •Determine frequency and dates of meetings | _____ | _____ |
| •Develop peer buddy, peer tutor program | _____ | _____ |
| •Other items: | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |