

STUDENT TRANSITION PLAN

Spring _____

Name: _____

D.O.B: _____

Parent(s): _____

Phone: (w) _____ (h) _____

Phone: (w) _____ (h) _____

Address: _____

CURRENT SCHOOL TERM: 19__-19__

Classroom(s): _____

Teachers(s): _____

Team Members (sending):

Core Team Members

Extended Team Members

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Name	Position
_____	_____
_____	_____
_____	_____
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PLAN FOR SUMMER SCHOOL: 19____

Options: _____

Decision: _____

PLAN FOR NEXT SCHOOL YEAR: 19____-19____

Classroom

Options: _____

1/2 Day/Full

Day Decision: _____

Teacher(s): _____

Team Members (Receiving):

Core Team Members

Extended Team Members

Name

Position

Name

Position

_____	_____
_____	_____
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