



# GUIDED TRANSITION FORM

**Guided Transition**

Date:

Date:	Completed by:	Principal:
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Student Name:	Grade:	
Teacher:	School:	

IEP?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Accommodated <input type="checkbox"/> Modified <input type="checkbox"/> Alternative <input type="checkbox"/>
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IPRC Identification:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identification: Placement:
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SEA Equipment:	
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Personal Equipment:	
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Medication:	
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Health Concerns:	
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Receives: (code D/C/M)	
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Other Agencies Involved and Contacts:
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Student Strengths:	Personal -  Academic -
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Areas of Difficulty:	Personal -  Academic -
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Description of Resource Teacher Support:
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Learning Style: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Kinesthetic <input type="checkbox"/> Tactile <input type="checkbox"/> Other
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Program Description:
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Extra-curricular involvement:
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Coop Experience (Secondary Only):
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Other Significant Information:
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