



GUIDED TRANSITION FORM
------------------------

Date: \_\_\_\_\_

Date:	Completed by:	Principal:
-------	---------------	------------

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"/>
-------	--	--

IPRC Identification:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identification: Placement:
----------------------	--	-------------------------------

SEA Equipment:	
----------------	--

Personal Equipment:	
---------------------	--

Medication:	
-------------	--

Health Concerns:	
------------------	--

Receives: (code D/C/M)	
---------------------------	--

Other Agencies Involved and Contacts:
---------------------------------------

Student Strengths:	Personal -  Academic -
--------------------	------------------------------

Areas of Difficulty:	Personal -  Academic -
----------------------	------------------------------

Description of Resource Teacher Support:
--

Learning Style: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Kinesthetic <input type="checkbox"/> Tactile <input type="checkbox"/> Other
---

Program Description:
----------------------

Extra-curricular involvement:
-------------------------------

Coop Experience (Secondary Only):
-----------------------------------

Other Significant Information:
--------------------------------