

# School Transition Meeting Template

Date:

Sending School:

Student Name:

Identification:

Technology:

- SEA
- Personal
- None

## Attendees

Role	Name of Attendees
Parents	
Sending School LST/Classroom Teacher	
Learning Coordinator	
Receiving School Department Head	
Receiving School LST/Classroom Teacher	

## Selected courses for upcoming year

- Destreamed
- Locally Developed
- DE
- WE

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- Math
  - Science
  - French
  - English

- Phys-ed
- Art (Drama, Visual Art, Music)
- Elective 1:
- Elective 2:
- Resource
- GLE

## Student Profile

<b>Academic Strengths</b>	
<b>Academic Needs</b>	

<b>Social &amp; Emotional Strengths</b>	
<b>Social &amp; Emotional Needs</b>	

<b>Interests</b>	
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## Sensory Needs

- Noise
- Light
- Smell
- Transitions
- Additional (please list)

## Classroom Strategies

- Scribing
- Preferential seating
- Copies of notes in advance
- Speech to text
- Frequent breaks
- Chunking of new information
- Time management
- Follows instructions
- Advocacy
  - Asks for help
  - Knows when help is needed
  - Recognizes when they need a break
- Use of reinforcement
  - (please list)
- Visual schedule
- Potential antecedents
  - (please list)
- Strategies to help in the moment
  - (please list)
- Cueing
  - Verbal
  - Visual
  - Written
- Preferred activities
  - (please list)
- Has existing Safety Plan/MOAB
  - If yes, please describe
- Specialized transportation
  - Yes
  - No