School Transition Guiding Questions

Note: This form/plan is a working document to be reviewed and updated as needed.

These guiding questions are for the transition team members to learn about the student as s/he transitions to school or increases their school hours. This form is to be completed during the initial transition team meeting.

Student Name: _____________________________________
Date of Birth: ________________________________

Student is presently attending school: □ yes □ no

School student will be attending: ________________________________________

Grade/Placement student will be entering: __________________

Estimated date of change in school hours: ____________________________________

The student is transitioning from which OAP service provider setting:

☐ Home based
☐ Clinic (primarily 1:1 instruction)
☐ Centre (includes dyads, triads and small group learning)
☐ Transition classroom
☐ Other agencies involved: ______________________________

When transitioning to school, it would be best for the student if:

☐ The student starts full-time school immediately
☐ The student has a gradual/staggered entry into full-time school
☐ The student has ____ visits to the school prior to entry
☐ Other:______________________________________________

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<th>Areas of Strength</th>
<th>Areas of Need</th>
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Transition to School – Connections For Students
Potential transition goals:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
4. __________________________________________________________________________
5. __________________________________________________________________________

Please list 3 key strategies/supports that have been successful with the student:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Please list 3 of the student’s areas of interest:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

The student will likely require support for:

- [ ] Academics, specifically ______________________________________________________
- [ ] Self-help skills, specifically _________________________________________________
- [ ] Safety concerns, specifically ________________________________________________
- [ ] Classroom routines, specifically ______________________________________________
- [ ] Self-management, specifically ______________________________________________
- [ ] Other: ____________________________________________________________________

The student communicates using:

- [ ] Verbal Communication (average number of words per sentence _____________)
- [ ] Picture Exchange Communication System (Phase ______________)
- [ ] Sign language
- [ ] Gestures
- [ ] Voice output devices: ________________________________________________________
The student is motivated by:

☐ A special interest, specifically _____________________________________________________
☐ Toys, specifically ________________________________________________________________
☐ Activities, specifically _____________________________________________________________
☐ Tokens: The student earns _____ before receiving a reinforcer
☐ Verbal praise, specifically _________________________________________________________
☐ Edibles, specifically ______________________________________________________________
☐ Other: ________________________________________________________________________

The student interacts with peers by:

☐ Engaging in cooperative play (interacting with peers towards a common goal)
☐ Engaging in cooperative play related to special interest only
☐ Engaging in parallel play (playing beside or nearby peers without interacting)
☐ Having structured play opportunities facilitated by an adult
☐ Other: ________________________________________________________________________

The student understands best when you use the following visual supports:

☐ Photographs
☐ Written words
☐ Picture symbols (e.g., BoardMaker pictures, line drawings, clip art)
☐ Objects
☐ Gestures
☐ Other: ________________________________________________________________

Special concerns (e.g., diet, medical, mobility, allergies, etc.):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
To assist the school team in programming, parents/guardians may provide the student’s:

- Assessment of Basic Language and Learning Skills (ABLLS)
- Verbal Behaviour – Milestones Assessment and Placement Program (VB-MAPP)
- OAP Behaviour Plan / OAP Family Service Plan
- Psychological Assessment
- Specific behaviour protocols
- Other: ________________________________________________________________________

Current OAP service provider goals in progress (if applicable):

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________
4. _____________________________________________________________________________
5. _____________________________________________________________________________

Next meeting date:_________________________________________

Next steps (e.g., professional development, teacher consultation, data collection, OAP behavioural services visits, classroom observations):

___________________________________________________________________________________________