



# Student Transition Form

copy to receiving school and 1 copy to student file

## A. Basic Information

Student: \_\_\_\_\_ DOB: dd/mo/year

Entering Grade \_\_\_\_\_ in September, 20\_\_\_\_ Parent/Guardian \_\_\_\_\_

Receiving School: \_\_\_\_\_ Leaving School \_\_\_\_\_

Current Teacher \_\_\_\_\_ Current Case Manager \_\_\_\_\_

## B. Designation Information

Ministry Designation  Type: \_\_\_\_\_ Community Agency: (if applicable)

Educ Psych Assessment has occurred: yes  no  Date dd/mo/year

Referral submitted:  Needed: yes  no

## C. Personal Information

Language spoken at home \_\_\_\_\_ Medic Alert \_\_\_\_\_

Family \_\_\_\_\_ Other \_\_\_\_\_

Health \_\_\_\_\_

## D. Areas of Strength and/or Interest (please check ✓)

Second Language	Visual Arts	Applied Skills
Social Skills	Performing Arts/Music	Other _____
Leadership	Science/Math	Other _____
Info Tech	Athletics	

## E. Educational History

French Immersion	Modifications Provided	Occupational Therapy
Gifted Program	School Counsellor	Physiotherapy
Learning Support	Youth and Family Counsellor	Other _____
EA Support	School Based Team Referrals	_____
Adaptations Provided	Speech and Language Support	_____

## F. Levels of Support accessed (please check ✓)

Area of Focus		Direct Support	Guided Support	Independently
Literacy	Reading			
	Writing			
Numeracy				
Personal Awareness & Wellbeing				

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**G. Other Factors** (please check ✓ any that apply)

Organization

Attention/focus

Movement needs

Easily discouraged

Social interactions

Attendance/punctuality

School engagement

Family circumstances which may affect learning

Other \_\_\_\_\_

**H. Suggested Supports** (please check ✓ any that apply)

Inclusive Learning Supports

Adaptations

Modifications

Adapted schedule

Co-teaching

Differentiated instruction

Positive behaviour support plan

Targeted small group instruction for a defined period of time

In-class support

Check progress after first Interim Report

Early/regular communication with parent(s)

Fluid/flexible space options

Movement breaks

Technology support

Other \_\_\_\_\_

Counselling Support

School Counsellor

Ab Ed Counsellor

YFC Counsellor

**I. Friend Connections**

\_\_\_\_\_

**J. Other considerations in educational planning for this student:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_