SANTA CLARA COUNTY
INDIVIDUAL TRANSITION PLAN

Name _____ Birth Date: _____ / _____ / _____IEP Date _____/_____/_____

Student Invited: ❑ Yes ❑ No

If appropriate, and agreed upon, agencies invited: ❑ Yes ❑ No ❑ Not applicable

Describe how the student participated in the process:
❑ Present at meeting ❑ Interview Prior ❑ Interest Inventories ❑ Questionnaire

Age-appropriate transition assessments/instruments were used. ❑ Yes ❑ No Describe the results of the assessments:

Student's Post Secondary Goal: Training *or* Education (Required):	
Upon completion of school I will Linked to Annual Goal # _____ Person/Agency Responsible: _____	Transition Service Code (Required): Activities to Support Transition Service: Community Experiences as Appropriate: Related Services as Appropriate:

Student's Post Secondary Goal Employment (Required)	
Upon completion of school I will Linked to Annual Goal # _____ Person/Agency Responsible: _____	Transition Service Code (Required): Activities to Support Transition Service: Community Experiences as Appropriate: Related Services as Appropriate:

Student's Post Secondary Goal Independent Living (As appropriate):	
Upon completion of school I will Linked to Annual Goal # _____ Person/Agency Responsible: _____	Transition Service Code (As Appropriate): Activities to Support Transition Service: Community Experiences as Appropriate: Related Services as Appropriate: