



TRANSITION FORM – for ALL grade 7 students enrolling in grade 8 in September 2018

SECONDARY SCHOOL ATTENDING: _____

SECTION 1 - STUDENT INFORMATION: (To be completed by the Grade 7 teacher for ALL students)

STUDENT NAME: _____ Male Female
Elementary school: _____
Transition contact: _____

ALERTS: (If checked see SECTION 3 on the reverse)

- Medical Alert, ELL, French Immersion, AbEd, MINISTRY IDENTIFIED, Outside Agency support, District supports & services

GENERAL INFORMATION: Please check below (☑)

Table with columns: Not Meeting Expectations, Approaching Expectations, Meeting Expectations, Exceeding Expectations, SPECIAL INTERESTS/EXCEPTIONAL QUALITIES. Rows include Attendance, Behaviour, Leadership, Motivation, Social Skills, Work Habits, Self Esteem, and GRADE LEVEL (Numeracy, Reading, Writing).

SECTION 2 - IF THERE ARE NEEDS/CONCERNS... (To be completed by the Grade 7 teacher and elementary staff supporting this student)

SPECIFICS: Please check (☑) and elaborate below

- Focus & Attention span, Academic learning, Organizational difficulties, Work avoidance/ Motivation, Externalized behaviour, Peer connections, Self-esteem, Anxiety, Social/Emotional, Attendance, Family circumstances, Health concerns, Safety concerns, Physical impairment, Other

ELABORATION / COMMENTS:

INFORMATION FOR:

Who at the secondary school needs to be aware of this student?

- Administration, Counselling, Classroom teachers, Support teacher (Intensive Needs), Support teacher (Social/Emotional), Support teacher (Academic), ELL, CCW, Gifted teacher, AbEd teacher

- TELEPHONE CONVERSATION REQUESTED with Secondary Transition Coordinator, MEETING REQUESTED with: Secondary Transition Coordinators, AbEd, Hearing Teacher, OT, Secondary Support Teacher, Secondary Counsellor, Secondary CCW, Vision Teacher, PT (Intensive Needs Program)

PLEASE SEE SECTION 3 (REVERSE) IF THE 'ALERTS' SECTION WAS CHECKED.



STUDENT NAME: _____
First Last

SECTION 3 - ALERTS: (To be completed by the elementary support teacher)

ELEMENTARY SCHOOL BASED SERVICES

Staffing: Elementary Support Case Manager: _____
 Counsellor EA CCW ASW

Support Received: (Details...What works for this student?)

- Academic Support
 - Adaptations per IEP
- Behaviour Support
- Employee Safety Plan
- Social/Emotional Support
- CCW Activity
 - Life Skills Group
 - Social Skills
 - Breakfast/Lunch Program
 - Other

MINISTRY IDENTIFIED STUDENT

Student has an IEP
Ministry of Education Category:
 Needs are currently being assessed.

ASSESSMENT INFORMATION

(Please refer to student file)

School Based Testing:
 No Yes DATE: _____

District Assessment:
 No Yes DATE: _____

Other:
 No Yes (If YES...Specify in Notes below)

DISTRICT SERVICES PROVIDED

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Aboriginal Education | <input type="checkbox"/> Counsellor | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Gifted Challenge Programs | <input type="checkbox"/> District #42 Psychologist | <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Vision Teacher |
| <input type="checkbox"/> ELL | <input type="checkbox"/> Hearing Teacher | <input type="checkbox"/> Autism Services | <input type="checkbox"/> Other: _____ |

OUTSIDE AGENCY SUPPORT(S)

- | | | | |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> BC Children's Hospital | <input type="checkbox"/> MCFD | <input type="checkbox"/> CYMH | <input type="checkbox"/> Nursing Support Services |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Counselling | <input type="checkbox"/> Other: _____ | |

NOTES (Where applicable for: Medical Alert, ELL, French Immersion, AbEd, Other...)

COLLABORATIVE CONSIDERATIONS FOR NEXT YEAR

This section is to be completed collaboratively at the time of the TRANSITION COORDINATOR'S MEETING (telephone or face-to-face).

ATTACHMENTS:
 IEP
 PD Form
 Other: _____