

Elementary Transition Summary

Student Name: _____ Teacher: _____ Current Grade: _____

Current School: _____ Receiving School: _____

Current Classification: _____

Background Information:

Related Services:

Speech ___ Guidance ___ OT ___ PT ___ UATT ___ APE ___ Vision ___ Hearing ___

Health Care Plan: Yes ___ No ___

Medical Needs (if any):

Summary of Mainstream Experience:

Academic Supports Needed:

Behavioral Needs / Effective Behavior Strategies:

Proposed Placement: _____