

**Annapolis Valley Regional School Board
STUDENT TRANSITION PLANNING REPORT**

Student Information:

Name: _____ DOB: _____

School: _____ Homeroom Teacher: _____

Phone (H): _____ Legal Guardian(s): _____

Date: _____

The nature of the transition being considered is as follows: _____

The following factors have been identified by the Transition Planning Team as being important supports to ensure a positive transition:

Outcome/Support	Person Responsible	Date Needed	Date Accomplished

Recommended placement for next school year (_____ - _____) is: _____

IPP Team Signatures:

