



# AEP Personalized Transition Plan

The student's progress toward academic or career goals will regularly be reviewed.

No  Yes

Frequency of Review:  Daily  Weekly  Monthly  Other \_\_\_\_\_

Responsible Transition Team Member: \_\_\_\_\_

The student's parent(s) were provided with information about the process to request a full individual and initial evaluation of the student for purposes of special education services under Section 29.004, Education Code.

No  Yes

The campus administrator or designee will meet with the student's parent(s) to coordinate the student's transition plan.

No  Yes

The meeting is schedule for (Date): \_\_\_\_\_ at (Time): \_\_\_\_\_

Campus Administrator or Designee (Name): \_\_\_\_\_

**The transition team's signatures below acknowledge the identified goals above and will work together to help the student be successful and continue academic progress:**

Campus Behavior Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor(s): \_\_\_\_\_ Date: \_\_\_\_\_

School District Peace Officer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Student Resource Officer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Clinical Social Worker(s): \_\_\_\_\_ Date: \_\_\_\_\_

Classroom Teacher(s): \_\_\_\_\_ Date: \_\_\_\_\_

Other School District Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_