



TRANSITION PLAN FOR YOUNG PEOPLE WITH DEVELOPMENTAL DISABILITIES

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Name:	DOB:	Current Age:
Parent/Guardian:	Phone Number(s):	
Parent/Guardian:	School:	
Date of Meeting:		

1. Welcome and Introductions:

2. Purpose of Meeting:

3. Client's and/or Family's Vision and Top Priorities

4. Overall Progress/Checklist:

Done	Lifespan Important Item Checklist:	Notes:
<input type="checkbox"/>	Consent(s) to Share Information - signed	
<input type="checkbox"/>	Birth Certificate obtained	
<input type="checkbox"/>	Social Insurance Number obtained	
<input type="checkbox"/>	First Nations Status Card obtained	
<input type="checkbox"/>	Assistance for Children with Severe Disabilities	
<input type="checkbox"/>	Disability Tax Certificate	
<input type="checkbox"/>	Registered Disability Savings Plan + Henson Trust (optional)	
<input type="checkbox"/>	Respite Programs (SSAH, in home, out of home, ASD, LHIN Enhanced Respite)	
<input type="checkbox"/>	Other available programs – Easter Seals Incontinence, Easter Seals other, Assistive Devices Program (ADP), Diagnosis-Specific Foundations (e.g. Ontario Cerebral Palsy Foundation), President’s Choice, March of Dimes etc.)	
<input type="checkbox"/>	Psychological and/or Medical Assessment(s)/Diagnosis(es) reports on file	
<input type="checkbox"/>	Referral for Integrated Transition Planning (if applicable, at 14 years) or begin to change CSP planning to focus more on transition to Adult Services	
<input type="checkbox"/>	Referral to DSO completed (at 16 years) – if applicable	
<input type="checkbox"/>	DSO indicated additional/updated Psychological assessments are required? If yes, are these completed?	
<input type="checkbox"/>	DSO confirmed Eligibility	
<input type="checkbox"/>	DSO Interviews/Assessment completed (ADSS, SIS etc.)	

Done	Lifespan Important Item Checklist:	Notes:
<input type="checkbox"/>	Passport Funding applied for (as part of DSO process)	
<input type="checkbox"/>	ODSP Application – initiated (at 17.5 yrs.)	
<input type="checkbox"/>	ODSP Application – approved	
<input type="checkbox"/>	DSO notified of any <i>significant/major</i> changes in supports needed (e.g. Health or family changes etc.) since interview/assessment with DSO Assessor/Navigator	

5. Brief Summary of Current Situation:

(e.g. living situation, strengths/challenges, client’s vision and main goals, interests)

5. Transition Planning - Areas for Discussion:

Choose as many areas as the youth/family would like to discuss: Education, Housing, Employment, Financial, Family, Legal, Health/Medical/Dental, Crisis Prevention/Resolution, Respite Supports, Emotional Supports (i.e. counselling), Employment, Volunteerism, Social/Recreation/Leisure

FOCUS AREA	GOALS	STRENGTHS, NEEDS, ACTIONS REQUIRED	PERSON(S) RESPONSIBLE	TIMELINE
EDUCATION				
HOUSING				
EMPLOYMENT				
FINANCIAL				
FAMILY				



FOCUS AREA	GOALS	STRENGTHS, NEEDS, ACTIONS REQUIRED	PERSON(S) RESPONSIBLE	TIMELINE
HEALTH, MEDICAL, DENTAL				
FOCUS AREA	GOALS	STRENGTHS, NEEDS, ACTIONS REQUIRED	PERSON(S) RESPONSIBLE	TIMELINE
PARAMEDICAL, OT/PT/SLP				
SOCIAL, RECREATIONAL, LEISURE				
LEGAL, JUSTICE SYSTEM				
COMMUNITY				



FOCUS AREA	GOALS	STRENGTHS, NEEDS, ACTIONS REQUIRED	PERSON(S) RESPONSIBLE	TIMELINE
INVOLVEMENT				
EMOTIONAL SUPPORTS				
RESPITE SUPPORTS				
OTHER:				
CAUTIONS/NOTES				

I AGREE WITH THE ABOVE PLAN AND GOALS:



Client

Date

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Person (agency/school staff) completing this plan

Date

GLOSSARY - AREA OF SERVICE:

Accommodation	Goals related to housing and or residential programs.
Community living skill	Goals related to the development of community awareness, personal safety, personal hygiene and grooming, money management, home management and cooperative living.
Crisis prevention/resolution	Goals that relate to crisis management skills.
Education	Goals related to school and training programs.



Accommodation	Goals related to housing and or residential programs.
Family work	Goals related to the needs of the family unit to enhance individual and family functioning.
Financial resources	Goals related to government funding, income, budget, etc. to meet the needs for daily living or supplement the cost of equipment, service or programs.
Health	Goals related to health care services, mental health supports, counselling and assessments.
Legal	Goals that involve the legal system e.g. Court Diversion.
Social, recreation, leisure	Goals related to socialization activities and personal fulfillment activities e.g. summer programming.
Respite	Goals related to alternative accommodation and/or alternative caregiver.
Emotional supports	Goals related to maintenance and enhancement of quality of life through development of prevention strategies, providing support and monitoring progress.
Therapeutic partnerships	Goals related to specialized needs such as behavioral programming, interpersonal skills training, sexuality, counseling, family or individual counseling, and psychological assessments.



Accommodation	Goals related to housing and or residential programs.
Vocation	Goals related to employment including pre-employment activities, volunteer work, job supports.
Other	Goals that are exceptional and cannot be categorized under standardized headings. Please specify.

