

# Transition Meeting Template

Print and take to meeting

CAMPUS: \_\_\_\_\_

Transition Meeting for \_\_\_\_\_

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

Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_

The State of Texas Re-entry Law (Texas Education Code §37.023 or School Board Policy FOCA (Legal)) specifically states that all students must receive a Personalized Transition Plan upon enrolling in school. This transitional or re-entry plan must be held within five days after the student has exited an alternative academic classroom. This plan is developed by the student, student parent or guardian, and members of the campus. The goal is to help the student be on-track for high school graduation and post-secondary success.

## A. Participant Role and Names

- Student \_\_\_\_\_
- Parent \_\_\_\_\_
- Principal \_\_\_\_\_
- Assistant Principal/Dean/Teacher Specialist \_\_\_\_\_
- Registrar \_\_\_\_\_
- Behavior Specialist \_\_\_\_\_
- SPED Coordinator \_\_\_\_\_
- Counselor \_\_\_\_\_
- Social Worker \_\_\_\_\_
- Wrap Around Specialist \_\_\_\_\_
- CIS \_\_\_\_\_
- Other (Student or parent advocate, relative) \_\_\_\_\_
- Other \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**B. Respectful Student Inquiry**

- **What are you most proud of?**
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- **What have you recently learned at your last campus that will benefit you at your home campus?**
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- **What would you like to do after high school (4-year college, 2-year college, military, career/trade school)?**
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- **What extracurricular activities or programs would you like information on here at school?**
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- **Do you have any concerns you would like to share with us?**
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- **What else would you like for us to know about you?**

CAMPUS: \_\_\_\_\_

• **What help is needed to ensure your success? Mark all that apply:**

- Credit recovery
- College Dual Credit
- Career Pathway and certification
- STAAR Tutorials
- Counseling or other mental health services
- Social Services
- Mentoring
- Attendance and Behavior intervention
- Weekly Check-ins
- 504-SPED Services
- IAT Evaluation
- Tutorials during school, after school or weekends
- Other

**C. Transition Plan for Student Success (Complete the planning chart on next page)**

“A recommendation for the best educational placement of the student” per **TEC §37.023 or School Board Policy FOCA (Legal)** to best meet the student’s academic needs. Staff may refer to the transcript and review with the student.

- GEN ED with regular class schedule
- Credit Recovery
- Accelerated Credit

CAMPUS: \_\_\_\_\_

Type of Support	Person Responsible	Progress Monitoring Review Date

**D. Signatures**

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Campus Administrator: \_\_\_\_\_