

**Student Name: Lissette**  
**DOB: July 8, 1990**

**School District Name:**  
**IEP Meeting Date: 9/15/2010**

<p><b>Transition Academic Transition Plan</b>          (ages 16-21, or younger if appropriate)</p>
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Transition Area	Goal	Services	Begin Date	Agency/Person Responsible
<b>1. Instruction</b>	<b>See Post Secondary Goals</b>	<ul style="list-style-type: none"> <li>• Instruction on Community Safety skills</li> <li>• Travel instruction</li> <li>• Math instruction related to money usage</li> <li>• Literacy instruction related to sight word identification</li> <li>• Math instruction related to telling time on a variety of watches and clocks</li> </ul>	<b>9/15/2010-6/30/2011</b>	<b>Lissette and School</b>
		<ul style="list-style-type: none"> <li>• Instruction related to community safety and self defense at the YMCA</li> </ul>	<b>9/15/2010-6/30/2011</b>	<b>Lissette and family</b>
<b>6. Community Experiences</b>	<b>See Post Secondary Goals</b>	<b>No Services Required</b>		
<b>3. Employment</b>	<b>See Post Secondary Goals</b>	<b>No Services Required</b>		
<b>2. Related Services</b>	<b>See Post Secondary Goals</b>	<ul style="list-style-type: none"> <li>• Assistive technology services to increase use of voice output device</li> <li>• Physical therapy to improve independent ambulation</li> </ul>	<b>9/15/2010-6/30/2011</b> <b>9/15/2010-6/30/2011</b>	<b>Assistive Technology Consultant</b>  <b>Physical Therapist</b>
<b>4. Adult Living &amp; Post-School Objectives</b>	<b>See Post Secondary Goals</b>	<ul style="list-style-type: none"> <li>• Purchase a monthly bus pass</li> <li>• Safety skills in the community</li> <li>• Learning to choose a seat near the bus driver</li> <li>• Learning to use the pull cord to identify her upcoming stop</li> </ul>	<b>9/15/2010-6/30/2011</b>	<b>Lissette and School</b>
<b>5. Daily Living (if appropriate)</b>	<b>See Post Secondary Goals</b>	<b>No Services Required</b>		
<b>7. Functional Vocational Assessment (if appropriate)</b>	<b>See Post Secondary Goals</b>	<b>No Services Required</b>		