

# Student Transition Planning Tool (STPT)

As stated in the Nevada Department of Education ESSA Plan (2017), this tool is to be used for long term students (at least 90 days) located within any facility receiving Title I-D funds (directly or indirectly). The tool should be completed within the first 30 days of a student's placement, and is to be completed in collaboration with the student, his/her family, program personnel, and representatives from other involved entities (as appropriate). Once the STPT is completed, program personnel are responsible for implementing the plan, monitoring the student's progress, and revising this document to align with any changes in circumstances. Once a student is preparing to transition out of the facility, an updated STPT will be created, this should occur 30 to 60 days prior to the completion of the long-term stay. The updated STPT will outline clear transition action steps, goals and strategies relating to independent living, employment, education, and community participation for the student. The updated STPT will also summarize the student's academic progress as well as short- and long-term goals related to the student's graduation requirements, post-secondary education and/or career technical education, or employment goals. Lastly, a list of programs and/or supports for educational/vocational/general-living assistance should be supplied to the student prior to release from the program.

## *Draft of Student Transition Planning Tool:*

*First Draft (within first 30 days)*      *Updated Draft (Anytime)*      *Final Draft (30 to 60 days prior to program completion)* \_\_\_\_\_

## **BASIC INFORMATION**

Case Manager/Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_F \_\_\_\_M \_\_\_\_other

Race: \_\_\_\_Asian \_\_\_\_African Am. \_\_\_\_Am. Indian \_\_\_\_Pac. Islander

\_\_\_\_Hispanic \_\_\_\_White \_\_\_\_Multi Race \_\_\_\_Prefer not to say

Limited English Proficiency: \_\_\_\_No \_\_\_\_Yes, Primary Language: \_\_\_\_\_

## **EDUCATIONAL HISTORY**

Last Grade Completed: \_\_\_\_Less than Grade 5 \_\_\_\_Grades 5-6 \_\_\_\_Grades 7-8 \_\_\_\_Grades 9-11

\_\_\_\_Grade 12 \_\_\_\_high school equivalency (HSE/GED) \_\_\_\_Some College

School Status: \_\_\_\_Attended school regularly \_\_\_\_Attended school irregularly \_\_\_\_Suspended \_\_\_\_Expelled  
\_\_\_\_Graduated \_\_\_\_Obtained high school equivalency (HSE/GED) \_\_\_\_Dropped Out

Individual Education Plan (IEP): \_\_\_\_Yes \_\_\_\_No \_\_\_\_504: \_\_\_\_Yes

If YES, when was IEP/504 last reviewed: \_\_\_\_\_

Is the student credit deficient? \_\_\_\_ Yes \_\_\_\_ No

If YES, how many credits have been earned: \_\_\_\_\_

**STUDENT'S INTERESTS AND ACADEMIC GOALS**

Is the student interested in:

Graduating high school \_\_\_\_ Yes \_\_\_\_ No

Obtaining HSE/GED \_\_\_\_ Yes \_\_\_\_ No

Attending College \_\_\_\_ Yes \_\_\_\_ No

Going into the military \_\_\_\_ Yes \_\_\_\_ No

Tech/trade school interests: \_\_\_\_ Yes \_\_\_\_ No

What are the student's specific academic/vocational interests?

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**EDUCATIONAL SUPPORT PLANNING**

What specific action steps will be taken to support the student toward academic/vocational progress?

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Summarize the student's **short-term** goals related to graduation, post-secondary education and/or career technical education, or other employment goals:

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Summarize the student's **long-term** goals related to graduation, post-secondary education and/or career technical education, or other employment goals:

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List program personnel who will be responsible for helping to implementing this plan, monitoring the student's progress, and revising it accordingly to align with any change in circumstances?

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**TRANSITION OUT OF FACILITY (Final Transition Plan Only)**

Summarize the student's **academic progress** while in the program:

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Outline **clear transition action steps**, goals and/or strategies relating to independent living, employment, education, and/or community participation that will help to support the student after the completion of the program.

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List additional **programs and/or supports** that the student can access for more assistance after completion of the program:

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**Attendees:**

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**Print the name of the person who completed this form:**

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**Signature of the person who completed this form:**

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