

AEP Personalized Transition Plan



Not later than five instructional days after the date of a student's release from an alternative education program (AEP), the campus administrator shall coordinate the student's transition to a regular classroom. The coordination must include assistance and recommendations from the required transition team (§37.023, Education Code).

Required Transition Team

Student Name: _____ UID: _____

Grade: _____ AEP Release Date: _____ Transition Plan Begin Date: _____

Campus Behavior Coordinator: _____

School Counselor(s): _____

School District Peace Officer(s): _____

Student Resource Officer(s): _____

Licensed Clinical Social Worker(s): _____

Classroom Teacher(s): _____

Other School District Personnel: _____

I. Determine the best educational placement for the student as required by §37.023(d)(1), Education Code. The required transition team may review the student's academic progress while attending the AEP, including the academic growth assessment provided by the AEP administrator.

II. List any recommendations for:

Counseling: _____

Behavioral Management: _____

Academic assistance (with concentration on academic or career goals): _____

Any assistance to obtain mental health services provided by the district or school, a local mental health authority, or another private or public entity:

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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: _____