

# 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) under TEC, §37.006(p), 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. (Required – HB 3928)

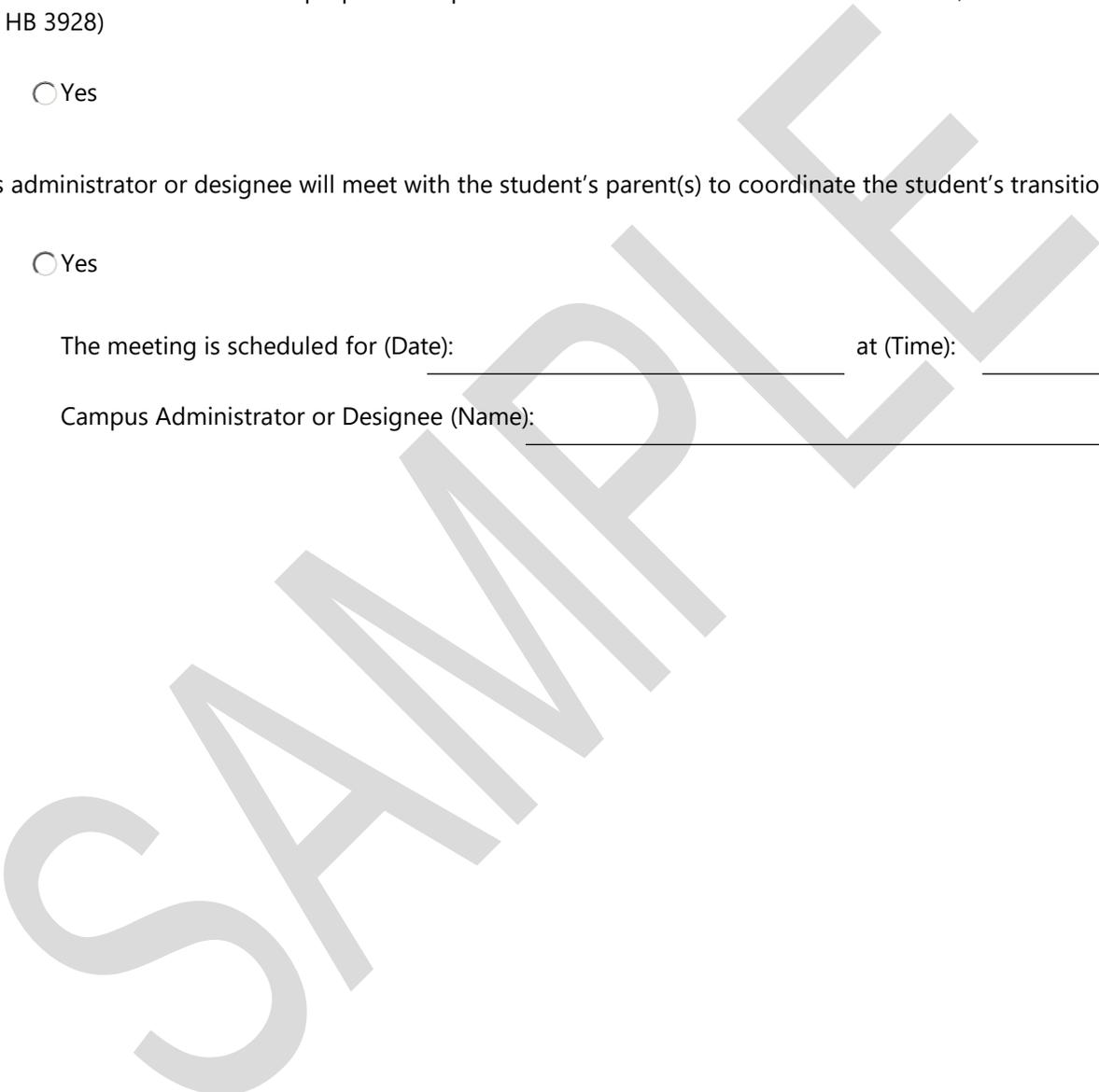
No  Yes

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 scheduled 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:

\_\_\_\_\_