

Transition Planning Information Sharing Tool – School & DDSN Case Management Provider Agencies

<b>Youth:</b>	<b>Date of Birth:</b>	<b>Exit year:</b>
Parent:	Legal guardian: Y N	Phone:
Teacher:	High School:	Phone:
Case Manager:	Provider:	Phone:
VR Counselor:		Phone:

-----Teacher Fills In-----

Post-Secondary Employment Goal	
Post-Secondary Education Goal	
Post-Secondary Independent Living Goal	
VR Update:	
Teacher Signature:	Date:

-----Case Manager Fills In-----

<b>Waiver Update (circle one)</b>		
On Waiver: IDR D CSW	On wait list: IDR D CSW	Not on either (why: )

Current Services/linkage(s)	Contact	Waiver/Other Source	Notes

After school is completed:

Support Ideas	Contact	Waiver/Other	Wait list?	Notes
			Y N Maybe	
			Y N Maybe	
			Y N Maybe	
			Y N Maybe	
Case Manager Signature:			Date:	

This document is to be used with the DDSN Release of Information to allow sharing between school and DDSN. Teachers can complete top part, send to Case Manager for completion of bottom. (Form CM- 2 /1.2020)