

Wenatchee School District
Special Education Department

TRANSITION REPORT

STUDENT _____ B.D. _____ SCHOOL _____

GRADE _____ TEACHER _____ IEP REVIEW DATE _____

Handicapping condition/eligibility category: _____

Areas of qualification (*list grade level for academic skills*):

Reading Written language Math Behavior Organization

Other _____

Related services: Transportation Speech Physical therapy

Occupational therapy minutes/wk _____

Student participates in statewide testing: WASL WAAS

Health concerns _____

List medications: _____

Regular PE: yes no

Number of days suspended _____ Last team meeting _____ Reason _____

Behavior plan: yes no

Social interaction with peers: 1 2 3 4 5 6 7 8 9 10 (1=poor and 10=good)

adults: 1 2 3 4 5 6 7 8 9 10

Comments: _____

Parent involvement: 1 2 3 4 5 6 7 8 9 10 (1=infrequent and 10=frequent)

Comments: _____

General education classes:

- Paraprofessional support
- Significant modifications/accommodations

Resource services:

Amount of time: _____

Brief description:

Attendance Rate: