**WESLACO INDEPENDENT SCHOOL DISTRICT**

**Special Education Department**

**609 East Sixth Street, Weslaco, TX 78596**

**Phone: (956) 969-6822 Fax: (956)969-6965**

**NOTICE TO AGENCY: TRANSITION PLANNING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency:** |       |  | **Date Sent:** |  |
| **Student:** |  | **ID#:** |  | **D.O.B.:** |  | **Age:** |  | **Gr.** |  |
| **Campus:** |  | **Meeting Date:** |  | **Time:** |  |

**The purpose of the meeting is to:**

[ ]  Initiate or Change the Transition Services [ ]  Review or Discuss the Transition Services

**The following areas will be reviewed/discussed:**

Instruction

Related Services

Community Experiences

Employment Objectives

Post-School Adult Living Objectives

Daily Living Skills, if appropriate

Functional Vocational Evaluation, if appropriate

**The following individuals/agencies are invited to attend and have been notified:**

[x]  Student

[ ]  Parent/Guardian/Surrogate

[x]  School Administrator

[x]  General Education Teacher

[ ]  CATE Teacher(s)

[x]  Special Education Teacher

[ ]  Tropical Texas Behavioral Health

[ ]  Supplemental Security Income (SSI)

[ ]  Texas Workforce Solutions-Vocational Rehabilitation Services

[ ]  TWS – Division for Deaf and Hard of Hearing

[ ]  TWS- Division for Blind Service

[ ]  Texas Department of Health & Human Resources

[ ]  Counselor(s)

[ ]  Other: