

WESLACO INDEPENDENT SCHOOL DISTRICT
Special Education Department
700 S. Bridge Weslaco, TX 78596
Phone: (956) 969-6822 Fax: (956) 969-6965
"SUCCESS FOR ALL"

RECEIPT OF TRANSITION DOCUMENTS / RECIBO DE DOCUMENTOS DE TRANSICION

Student/Estudiante: _____	D.O.B./Fecha de Naciemeinto: _____
Campus/Escuella: _____	Grade/Grado: _____

This notice is to inform you about the **Transition Planning**. The information in this packet informs you about some of the different services that will be available to your child when he/she turns of age. I would appreciate your signature as an acknowledgement that you have received the following forms:

Transition Brochure

By 16 years of age:

- Notice on Guardianship, Alternatives to Guardianship, & Other Supports & Services
 Supported Decision – Making Agreement

If I, _____, can be of any service, please contact me at _____.

Parent/Guardian/Adult Student Signature

Date

*Esta noticia es para informarle del **Plan De Transicion**. Este paquete es para informarle de varios de los diferentes servicios que van a ser accesibles para su hijo/hija al momento en que tenga la edad apropiada. Le agradezco su firma como reconocimiento que recibio el paquete de información.*

Folleto de transición

A los 16 años de edad:

- Notice on Guardianship, Alternatives to Guardianship, & Other Supports & Services
 Supported Decision – Making Agreement

Si yo, _____, puedo ser de algún servicio, contácteme al _____.

Firma de Padre/Guardián /Estudiante Adulto

Fecha

Signature of Interpreter, if used./ Firma del intérprete, si se usa