**Life/Work Transitioning**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Year of Graduation |  |
| Address |  | School |  |
| Phone Number |  | Parent/Guardian |  |
| Date |  | Grade Level |  |

**Goals for achievement**

1. Set goals and plan action:

List your top three reasons why List your top three learning List your top five skills.  
work is important. (See 2.E.3) styles. (See 3.H.1) (See 1.A.2 and 4.K.1)

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List your top five interests. List your top five values.  
(See 1.A.2) (See 1.A.2)

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**Transitioning**

List the top two areas in which you prefer to List some qualities that reflect your personal   
work. (See 2.D.2) temperament. (See 1.A.2)

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List three behaviours/attitudes that you displayed in completing a successful activity. (See 1.A.4 )

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List short-term goals related to school (e.g., course selection for Grade 12, academic performance, participation in extra-curricular activities related to future goals, attendance, applications for post-secondary institutions). (See 3.H.4)

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(Post-secondary applications should include a backup plan.)

List short-term goals related to activities outside school (e.g., find part-time work or volunteer work in related occupations, save money for post-secondary education or training, interview a person in an occupation of interest). (See 3.H.4)

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**Summary of High School Course Work**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Courses** | **Grade 9** | **Grade 10** | **Grade 11** | **Grade 12** |
| English LA |  |  |  |  |
| Mathematics |  |  |  |  |
| Social Studies |  |  |  |  |
| Science |  |  |  |  |
| Physical Education/ Health Education |  |  |  |  |
| Option |  |  |  |  |
| Option |  |  |  |  |
| Option |  |  |  |  |
| Option |  |  |  |  |
| Option |  |  |  |  |
| **Total Credits** |  |  |  |  |

**Plan 1:** Three-year–post-secondary training/work plan. (See 3.J.2)

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| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| **Program/Work** |  |  |  |
| **Location** |  |  |  |
| **Expenses** | | | |
| Living accommodations and food expenses |  |  |  |
| Tuition fees/ occupational expenses |  |  |  |
| Miscellaneous expenses (health care, clothing, communications, etc.) |  |  |  |
| Transportation costs |  |  |  |
| **Total expenses** |  |  |  |
| **Income** | | | |
| Sources of income |  |  |  |
| **Total income** |  |  |  |
| **Difference:  Total income – total expenses =** |  |  |  |

**Plan 2:** An alternative plan or backup plan if Plan 1 doesn’t work. This may be the result of changes in the economy, the labour market, personal circumstances, or personal choice. (See 3.J.2)

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|  | **Year 1** | **Year 2** | **Year 3** |
| **Program/Work** |  |  |  |
| **Location** |  |  |  |
| **Expenses** | | | |
| Living accommodations and food expenses |  |  |  |
| Tuition fees/ occupational expenses |  |  |  |
| Miscellaneous expenses (health care, clothing, communications, etc.) |  |  |  |
| Transportation costs |  |  |  |
| **Total expenses** |  |  |  |
| **Income** | | | |
| Sources of income |  |  |  |
| **Total income** |  |  |  |
| **Difference:  Total income – total expenses =** |  |  |  |

This plan should be reviewed regularly and revised as needed. Teachers instructing this course should share the student’s Transition Plan with parents/guardians and request their signatures and comments. The school should save a copy of this document for the student’s file and the student should retain the original in his or her portfolio.

Parent/Guardian Signature Date

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Student Signature Date

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| Student Comments: |

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| Parent/Guardian Comments: |