

Connections for Students



Transition Team Meeting Notes

School Board Name

Student Name:

Date of Meeting:

Connections Meeting #:

School / Grade Placement:

Status of IBI :

(e.g. final IBI goals shared, review of most recent ABLLS assessment graph)

Transition Team Members:

Update from Parents:

Update from Autism Intervention Program:

Update from School Support Program and Student Support Counselor:

Update from School Staff:

Additional Information:

Action Plan:

Action or Purpose	Person Responsible	Time line

CC:

All Transition Team Members
Ontario Student Record