

Student _____ D.O.B. _____ Grade _____
Date _____

Student Vision Casting Initial Plan

Review Plan

What is my vision for my life after high school (<i>what do I want to do: work, school, etc.</i>)?
Where am I now relative to my vision for my life after high school (<i>strengths and weaknesses</i>)?
What course of study in high school will best prepare me to attain my vision (<i>classes, transition support</i>)?

Outcome of Course of Study leading to Vision Attainment:

Classes leading to a diploma Classes leading to a certificate of completion

Recommended Transition Activities and/or Services:

Those involved in preparing the ISP and this Transition document recommend the following transition activities and services for high school and post high school:

Transition Activity	My Plan	Responsible Person/Agency
Further Education (<i>I want to pursue additional education or training in...</i>)		
Vocational Evaluation (<i>I should evaluate my readiness for a vocation by...</i>)		
Employment (<i>after I finish school, I want to...</i>)		
Community Involvement (<i>with free time, I would like to... e.g. hobby; sport</i>)		
Daily Living Skills (<i>when I think about living as an adult, I would like to... and I will need to learn...</i>)		
Other		