

# TRANSITION ACTIVITIES

*Resident's name*

This is a supplemental worksheet to the TRANSITION PLAN for coordinating activities that will help facilitate a resident's successful transition to his/her new home. Implementation of the plan is driven by his/her reaction to the activities and will be adjusted accordingly as needed.

This worksheet will be used by the Regional Project at the Transition Plan and Review meetings to promote team discussion, document the transition activity needs and expected outcomes as identified by the team. It will be updated and referenced throughout the implementation of the plan.

<b>Name</b>	
<b>UCI #</b>	<b>Beginning Date</b>
<b>Regional Center</b>	
<b>Service Coordinator</b>	<b>Phone Email</b>
<b>Service Provider</b> <i>(specify type of living option)</i>	<b>Phone Email Address</b>
<b>Regional Project Transition Coordinator</b>	<b>Phone Email</b>

## A. REVIEW OF PREVIOUS TRANSITION ACTIVITIES

List the activities that have occurred to date.

Type of activity	Date

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Summarize the team discussion regarding the overall impressions of his/her experience with the transition activities that have taken place.

## B. ADDITIONAL TRANSITION ACTIVITIES

List the activities the team has identified to prepare the individual and the future service provider to transition to the new living option. The expected outcomes for each item should also be identified and communicated to those involved in facilitating the transition activity to promote a productive experience.

Type of activity	Expected Outcome(s)	Estimated Date	Completion Date	Outcome(s) Achieved?

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### C. CROSS TRAINING OF SERVICE PROVIDERS

List any/all specific cross training needs the team has identified to prepare the future service provider. Include a description of the conditions that will make the cross training most successful such as time of day, location, trainer, etc.

Training <i>(specify time of day and location)</i>	Expected Outcome(s)	Estimated Date	Completion Date	Outcome(s) Achieved?

### D. MEETINGS

List any/all meetings scheduled to develop, revise, and review the Transition Plan

Type	Participants	Estimated Date	Completion Date
Transition Planning Meeting			
Transition Review Meeting <i>(No less than 15 days prior to the date of placement)</i>			

### E. PLACEMENT

List any/all major placement events involved in the transition to the new living option. A summary of the team discussion and consensus should be documented in the Individual Program Plan.

Type	Responsible Party	Estimated Date	Completion Date
Move to the new living option	RRDP, RC, Service Provider		

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## F. POST-PLACEMENT FOLLOW-UP

List any/all meetings, visits, and communication expected to monitor the transition into the living option post placement.

Type (5 day, 30 day meeting, etc.)	Responsible Party	Estimated Date	Completion Date