



**TRANSITIONAL EDUCATION SERVICE PLAN
FORM
(Rev. 9-06)**

INSTRUCTIONS: Complete a separate form for each homeless family to document and monitor student and/or family needs. A copy of the form should be sent to the Homeless Coordinator, Registrar, Food Service and Transportation Departments as families request or need services.

GENERAL INFORMATION

Date	Family Name	Student	Grade:	Team Members:
Other Students in Household		Current Address	Current Phone Number	
School of Attendance:		School of Residence:	School Contact Person & Contact Info.	School Year:

SERVICE ASSISTANCE

Possible barriers to education that will be provided by the District and McKinney-Vento: <input type="checkbox"/> School of Origin Selection <input type="checkbox"/> Transfer and/or Securing of School Records <input type="checkbox"/> Obtaining Immunization/Medical Records <input type="checkbox"/> Obtaining School Supplies or Other School Financial Resources <input type="checkbox"/> Transportation	Areas the district will provide family assistance: <input type="checkbox"/> Linkages to Community Resources <input type="checkbox"/> Medical, Dental and Other Health Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Food and Clothing <input type="checkbox"/> Housing Support <input type="checkbox"/> Addressing needs related to domestic violence <input type="checkbox"/> Parent education related to rights/resources <input type="checkbox"/> Other <i>Specify:</i>	Comments:
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EDUCATIONAL SERVICES

Desired Outcome: <input type="checkbox"/> Improved Attendance <input type="checkbox"/> Academic Improvement <input type="checkbox"/> Increased Parent Involvement <input type="checkbox"/> Other _____	Specific Goal:	Results:
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Areas of Educational and Related Services: <input type="checkbox"/> Tutoring or other instructional support <input type="checkbox"/> Staff professional development/awareness <input type="checkbox"/> Mentor <input type="checkbox"/> Counseling (indiv. or group) <input type="checkbox"/> Activity Fees <input type="checkbox"/> Special Education (List area(s) _____) <input type="checkbox"/> Gifted or Talented Programs <input type="checkbox"/> Pre-school Programs <input type="checkbox"/> After-school Programs <input type="checkbox"/> Other <i>Specify:</i>	Attendance		Assessment Results		Grades						
		Absences	Tardies	WKCE		Q1	A	B	C	D	F
	Q1						Q2	A	B	C	D
	Q2			SRI		Q3		A	B	C	D
	Q3			MAP			Q4	A	B	C	D
	Q4					A		B	C	D	F

