

**Transition Plan**

Youth's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID# \_\_\_\_\_

Transition Coordinator: \_\_\_\_\_

**Detention**

Current Placement: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

Anticipated release date: \_\_\_\_\_

To be released to: \_\_\_\_\_

Reason for Placement: \_\_\_\_\_

\_\_\_\_\_

Date of Assessment for Risk to Re-Offend: \_\_\_\_\_

Risk Assessment Summary attached:     Yes     No

Youth's Strengths: \_\_\_\_\_

\_\_\_\_\_

Supervision Type & Frequency to be Implemented Post-Release:

\_\_\_\_\_

\_\_\_\_\_

Probation requirements:

\_\_\_\_\_

\_\_\_\_\_

Victim Protection Provisions:

\_\_\_\_\_

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**Family**

Residents of youth's household: \_\_\_\_\_

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Residents of alternate household for joint custody arrangements: \_\_\_\_\_

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Family's concerns: \_\_\_\_\_

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Please describe the family's involvement in the detained youth's transition including visitation and furlough plans:

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**Education**

School of attendance: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Guidance Counselor at School: \_\_\_\_\_

Active IEP:  Yes  No      Date of last IEP: \_\_\_\_\_

Education Assessment or IEP needed:  Yes  No

Special education services required:  Yes  No

If yes, please list: \_\_\_\_\_

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Plans for pre-release school visitation: \_\_\_\_\_

\_\_\_\_\_

School personnel responsible for records transfer: \_\_\_\_\_

Educational Objectives and progress made while detained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Support Services**

Support Services to be implemented including frequency & duration:

- |   |   |
|---|---|
| <input type="checkbox"/> Anger management         | <input type="checkbox"/> Mental health counseling   |
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Substance abuse counseling |
| <input type="checkbox"/> CSB involvement          | <input type="checkbox"/> Mentoring                  |
| <input type="checkbox"/> Recreational programs    | <input type="checkbox"/> Tutoring                   |
| <input type="checkbox"/> Family therapy           | <input type="checkbox"/> Parent training            |
| <input type="checkbox"/> Safety plan development  | <input type="checkbox"/> Vocational education       |
| <input type="checkbox"/> Living skills education  | <input type="checkbox"/> Psychiatric services       |
| <input type="checkbox"/> Social skills education  | <input type="checkbox"/> Wraparound services        |

Supporting Information:

\_\_\_\_\_

\_\_\_\_\_

Parent Suggestions:

\_\_\_\_\_

\_\_\_\_\_

Student Suggestions: \_\_\_\_\_

\_\_\_\_\_

Behavioral Health Objectives: \_\_\_\_\_

\_\_\_\_\_

Life Skills/ Vocational Objectives: \_\_\_\_\_

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Summary of youth's progress while detained:

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Transition team meeting dates:

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Transition team members:

| Name | Agency |
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