



# FCPS Secondary School Transition Summary

(To be drafted with student and ETR/case manager in the student's final year of school.)

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Anticipated Diploma (Select from Drop-down Menu): \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

## Academic Information

\_\_\_\_\_ participated in the following courses:

Student Name

<input type="checkbox"/>	English
<input type="checkbox"/>	Mathematics
<input type="checkbox"/>	Science
<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	Foreign Language
<input type="checkbox"/>	Electives

**See attached transcript from Student's Scholastic Record for specific courses taken\***

## Career Information

<b>Career Related Courses:</b>	<b>Career Competencies:</b>
<b>Student Can Self-advocate in the Following Situations:</b>  	
<b>List Independent Living Skills Demonstrated, as Documented at School, at Home, and in the Community, (e.g. everyday activities – making meals, doing laundry, using public transportation):</b>  	
<b>Paid/Non-paid/ Volunteer Work Experience:</b>	<b>Job Duties:</b>

## Post-secondary Plan

<b>Post-secondary Goal(s):</b>	<b>Recommended Steps to Achieve Goal(s):</b>

### Student (age 18+) or Parent Consent

I agree with the contents of this Transition Summary. The information represents my skills and post-secondary goal and I participated in completing it.

\_\_\_\_\_  
Student (age 18+) or Parent Signature

\_\_\_\_\_  
Date

**\*Attachment: Transcript from Student's Scholastic Record**

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*