

NEGLECTED AND/OR DELINQUENT TRANSITION PLAN

This document is available for download at: <https://sde.ok.gov/federal-programs>

Neglected / Delinquent Transition Plan Template

General Information

LEA Name:
Facility Name:

Transition Team

Origination Date:	MDT Meeting Date:
Multi-Disciplinary Team Members:	Role

Youth Information

Youth Name:	System ID Number:
AKA:	SSN:
Date of Birth:	Sex:
Parole/Probation Officer:	P/P Officer Contact Information:
Legal Case Number:	

Commitment Information

Commitment Date:	County of Commitment:
Expiration Date:	Judge:
Expected Length of Stay:	Current Location:

School Information

Last School Attended:	
IEP: Yes No	Date of IEP:
EL: Yes No	DATE of ELAP:
Credits:	
Last Grade Completed:	

TRANSITION PLAN

Entry		
Activity	Responsible Party	Date Completed
Intake Interview		
Records Request		
Facility Orientation		
Credit Analysis		
Vocational Inventory		
Skills Assessment		
Health Screen		
Risk and Needs Assessment		
Program Planning		

Residency		
Education		
Strengths:		
Needs:		
Long-Term Goals	Start Date	Progress
Benchmarks:		
Intervention:		
Notes:		

Plan Review	
Origination Date:	
Notes:	
Initial Review Date:	
Notes:	
Quarterly Review Date:	
Notes:	

Signatures		
Multi-Disciplinary Team Members		
Name	Role	Signature

Career/Technical Skills

Strengths:		
Needs:		
Long-Term Goals	Start Date	Progress
Benchmarks:		
Intervention:		
Notes:		

Exit

Expected Termination Date:
Placement at Termination:
Next Placement:

Aftercare

Notes:
