

# Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764  
PHONE: 815-844-7115 • FAX: 815-842-3170 • TDD: 815-842-3170

STUDENT NAME: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

## TRANSITION SERVICES (address by age 14 ½)

**Please include, if appropriate, needed linkages for outside agencies, (e.g., DMH, DRS, DSCC, PAS, SASS, SSI, WIC, DHCFS, etc.)**

INSTRUCTION (e.g., tutoring, skills training, prep for college entrance exam, accommodations, adult basic ed.)  (if none, indicate "none")	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
RELATED SERVICES (e.g., transportation, social services, medical services, technology, support services)  (if none, indicate "none")	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
COMMUNITY EXPERIENCES (e.g., job shadow, work experiences, banking, shopping, transportation, tours of post-secondary settings)  (If none, indicate "none")	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
DEVELOPMENT OF EMPLOYMENT AND OTHER POST-SCHOOL ADULT LIVING OBJECTIVES (e.g., career planning, guidance counseling, job try-outs, register to vote, health benefits planning)  (if none, indicate "none").	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
APPROPRIATE ACQUISITION OF DAILY LIVING SKILLS AND/OR FUNCTIONAL VOCATIONAL EVALUATION (e.g., self-care, home repair, home health, money, independent living, job and career interests, aptitudes and skills)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
LINKAGES TO AFTER GRADUATION SUPPORTS/SERVICES (e.g. DRS, DMH, DSCC, PAS, SASS, SSI, WIC, DHCFS, CILs)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed

## HOME-BASED SUPPORT SERVICES PROGRAM

☐ Yes ☐ No

The student has a developmental disability and may become eligible for the program after reaching age 18 and when no longer receiving special education services.

**If yes, complete the following statements:**

Plans for determining the student's eligibility for home-based services:

Plans for enrolling the student in the program of home-based services:

Plans for developing a plan for the student's most effective use of home-based services after reaching age 18 and when no longer receiving special education services: