



REQUEST FOR A TRANSITION SUPPORT WORKER

STUDENT INFORMATION

School:	Date:	
Student:	Grade:	DOB:
Is the student identified by the IPRC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the Identification? _____	Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a BSP? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT INFORMATION ABOUT THE SITUATION

Describe the actions the school has taken to manage this student prior to this request.

What supports are in place at this time? What other board supports have been accessed?

Is the student on a modified day? Yes No

If yes, has the documentation for a modified day been submitted? Yes No

RATIONALE FOR THE REQUESTED TRANSITION WORKER

WHAT WILL THE TRANSITION LOOK LIKE (SCHEDULE, DATES AND ACTIONS)

Transitional Support Workers may only work for a maximum of 6 weeks and only for the hours the student is in school.

Signature of Principal:	Date:
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Approval of Superintendent of Education:	Date:
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Comments:

Name of Employee:	Start & End Date:
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Salary Code:	Date for Week 5 Meeting:
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Please keep in mind that transition workers can only work for a maximum of 6 weeks, regardless of the number of hours he/she works each day. You will need to plan accordingly. Transition workers will not be extended.