



## 7.3 Transition Guide - School Completion Certificate

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*School District No. 8 (Kootenay Lake) would like to credit Services to Adults with Developmental Disabilities (STADD) and School District No. 73 (Kamloops-Thompson) for their contribution and granting permission to School District No. 8 (Kootenay Lake) to incorporate and publish this guide.*

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### TEACHER USER GUIDE:

Classroom teachers will ensure their students meet school completion certificate program requirements, as defined in SD8's [Administrative Procedure 3402](#), by working with students to complete a transition plan that outlines options considered and that describe the roles of work, leisure, family and resource networks in building the transition plan. This guide meets those needs. Teachers can choose to provide their students with further visual aids using document [7.4 Transition Guide - Supplemental Visual Support](#). This document would replace the "All About Me" section.

Classroom teachers can choose to have their students fill in one binder over the Grade 10, 11, and 12 years or they may choose to have their students fill in a new set of binder paperwork each year to track growth and changes in the student's interests.

Classroom teachers should direct parents to two documents: [7.2 Transition Planning for Youth with Disabilities and Diverse Abilities](#) which can be found under Inclusive Education Procedures, and the [School Leaving Checklist for Parents](#), found on the final page of this package.

Parents should be aware that it is important to complete the Community Living British Columbia (CLBC) eligibility process. This does not commit the parents to accessing any services at this time, but their child may find they need resources as an adult, and this will expedite the process.

STADD has contributed documents to this process; please expect the student's STADD navigator to request to see this binder if students have completed any of this.

When the student is graduating, a copy of the transition guide should be made for the student's file and the original can be sent home after the student's presentation.

The teacher has the ability to choose which of the pages/sections to work on with each student based on the student's ability level. All pages can be adapted, modified or deleted.

## TRANSITION GUIDE CHECKLIST

Inclusion Support Teachers can choose to do one transition guide over the three-year period from grade 10 - 12 or to have students complete a new package annually.

### All About Me

- [A Picture of Me \(STADD\)](#)
- [Build the Picture \(STADD\)](#)
- [Exploration questions in the “All About Me” section](#)
- [My School Accomplishments and Successes](#)

### Personal Health

- [Physical Activity Hours Log](#)
- [Confirmation of Physical Activity](#)
- [Top Three Activity Choices](#)

### Community Connections

- [Work/Volunteer Experience Logs](#)
- [Confirmation of Work/Volunteer Service](#)
- [Work/Volunteer Experience Reflection](#)

### Career and Life

- [My Future Plans/Resource Network/Employment Preparation](#)
- [Financial Plan](#)
- [School Leaving Checklist for Parents](#)

### Transition Presentation

- [My Presentation Plan](#)

### Appendix

- The Resume
- Any Certificates earned through education and/or community

# A PICTURE OF ME





1

## WHO I AM

Important things to know about me

Your Name Here

Large empty box for writing answers to the guiding questions.

### Guiding Questions

- Special interests of mine
  - Music, Videogames, Movies, Photography, Books, Social Media, Sports, Animals, etc.
- How I like to spend my time and things I look forward to
- How I like to communicate
- Some words that describe me are...
- Cultural activities I participate in
- Describe ethnic/cultural background
- Identify as:  
male/female/trans/other
- What are my strengths and things that I feel proud about myself?



## 2 POSITIVE RELATIONSHIPS

People in my life

Your Name Here

### Guiding questions

- People who know me really well
- Friends and acquaintances
- People I enjoy spending time with
- Other people who help me
- People I look up to or admire
- Who helps me when I have a problem
- Who do I consider to be part of my family



Your Name Here

### 3 EDUCATION AND LEARNING

#### Guiding questions

- Am I a student?
- If so, what type of school do I attend?
- Training I have taken
- Education goals/path I am on (dogwood/evergreen)
- Classes I take and enjoy
- Extra-curricular activities, clubs, teams etc.
- Things I enjoy about learning
- Things that help me to learn more easily
- I feel connected to my school/training/learning environment?



Your Name Here

## 4 EMPLOYMENT

### Guiding questions

- Current employment activities
- Employment supports already in place or will be in place
- Training activities/opportunities
- Volunteer experiences
- What do I like to do?
- Work experiences
- Career/work ideas I am interested in exploring
- How do I get to work? / How would I like to get to work?
- Qualities I have that would be valuable in a workplace (strengths, skills)



## 5 COMMUNITY CONNECTIONS

My community:

Your Name Here

[Large empty box for student response]

### Guiding questions

- Place I go regularly in the community
- Places where I am a customer
- Places I am a member
- Places I go to have fun
- Where do I bank
- What new places you would like to try?
- Transportation - how do I get to places?
- Special Places
- Places where you feel that you belong?
- Places I go with my family
- Places I go with my friends





Your Name Here

# 6 HEALTH AND WELLNESS

My family doctor:

Other medical professionals:

<p>What I do to stay healthy:</p>	<p>What I need to stay happy:</p>
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## Guiding questions

- Do you know your doctor?
- Do you have other medical staff?
- What I do to stay healthy
  - Active living
  - Balanced lifestyle
  - Attend appointments
  - Good sleep routine
  - Healthy diet
  - Take medications
  - Attend therapy (PT, OT)
  - Dental care
  - Maintain healthy hygiene
- What I do to stay happy
  - When I feel safe
  - Stay active or getting outdoors
  - Doing things I enjoy
  - Connecting with people
  - Have my own space
  - Cultural activities
  - My independence
  - Have a sense of belonging
  - Have a good routine



# 7 RESOURCES AND SERVICES

Important contacts

Your Name Here

Name:	Role:	Contact number:

## Guiding questions

- People involved in my life
  - Life skills/outreach
  - Teachers
  - Educational assistants
- Health workers
- Other professionals
  - Informal resources
  - CLBC facilitator
  - CYSN worker
  - Job coach
  - Employment services worker
  - Other



Your Name Here

# 8 GOALS

Goals for right now:	Goals for the future:
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## Guiding questions

- Personal development goals
  - Improve a new/existing skills
  - Increase independence
- Educational goals
  - Complete high school
  - Take a post-secondary program
- Employment related goals
  - Volunteer/work experience
  - Connect with an employment services centre
- Health and wellness goals
  - Be more physically active
  - Find someone to talk to
  - Learn about healthy foods
- Financial goals
  - Apply for the persons with disability benefit
  - Open a savings account
  - Earn extra income
- Housing related goals
  - Sign up for residential housing
  - Find my own place
- Social inclusion goals
  - Join a club or group of special interest
  - Learn about friendships
- Goal about my rights
  - Have help with for decision making



### ALL ABOUT ME

These are some questions that might be helpful as you explore your interests and activities you enjoy.

What do you enjoy in your free/spare time?

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What do you usually do after school?

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What do you usually do in the evening?

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What do you usually do on the weekends?

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Do you have pets?  Yes  No  
If yes, tell us about them.

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Are you afraid of some things?  Yes  No  
If yes, what sorts of things make you fearful?

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If you could have three wishes, what would they be?

1: 

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2: 

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3: 

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Do you like school?  Yes  No  
What subject do you enjoy the most?

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What subject are you most successful in?

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What subject do you enjoy the least?



What subject do you struggle in?

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Do you like to read?  Yes  No  
What types of books do you like?

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Do you enjoy someone reading or telling stories to you?  Yes  No

Do you use the school library?  Yes  No

Do you use the public library?  Yes  No

Do you have your own books at home?  Yes  No

Do you like comic books?  Yes  No

Do you like magazines?  Yes  No

Do you like reading the newspaper?  Yes  No

Do you enjoy reading on the computer or on a tablet?  Yes  No

What subjects do you enjoy reading about (animals, sports, people, how-to, etc.)?

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Do you enjoy watching TV?  Yes  No  
What TV programs do you like?

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Do you listen to the radio or listen to music on an MP3 player/iPod?  Yes  No  
What type of music do you like (singers, musical groups, radio programs, etc.)?

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Do you enjoy going to the theatre or watching movies at home?

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How often do you watch movies?

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What movies have you enjoyed?

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Do you spend time on the computer?  Yes  No  
Do you play video/computer games?  Yes  No  
What video/computer games do you like?

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What do you do on the computer?

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What do you watch on You Tube?

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Do you have any hobbies?  Yes  No  
If so, what are they?

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Do you like to make things?  Yes  No  
If yes, what things do you make?

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Do you have special tools or equipment at home for your hobbies?  Yes  No  
If yes, what are they?

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Do you collect things?  Yes  No  
If so, what do you collect?

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Do you take lessons (music, dance, gymnastics, etc.)?  Yes  No  
If so, what kind of lessons do you take?

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Do you enjoy sports?  Yes  No  
If so, are you someone who likes to watch sports or participates?

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What are your favourite sports?

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## ACCOMPLISHMENTS AND SUCCESSES

You have done many great things! Record three of your own personal accomplishments. For each, include a picture and write a few comments about your success. Remember, you can use augmentative technology, Voice to Text technology, or cut and paste from Google images to develop these pages. Think about one thing you're proud of that you did at school, one thing in sports or work, and one thing at home.

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### PHYSICAL ACTIVITY LOG - GRADE 10

- You need to document at least 100 hours of regular physical activity.
- Evidence of this can include an activity log, memberships, photos, letters from coaches, report cards reflecting PE classes, exercise, daily fitness, sports specific activities, Special Olympics, physiotherapy, hydrotherapy, dance, walking, etc.
- Physical activity can occur in and out of the school setting throughout the calendar year.

Date	Description of Activity	Hours/Minutes
Total Hours		





### PHYSICAL ACTIVITY LOG - GRADE 12

- You need to document at least 100 hours of regular physical activity.
- Evidence of this can include an activity log, memberships, photos, letters from coaches, report cards reflecting PE classes, exercise, daily fitness, sports specific activities, Special Olympics, physiotherapy, hydrotherapy, dance, walking, etc.
- Physical activity can occur in and out of the school setting throughout the calendar year.

Date	Description of Activity	Hours/Minutes
	Total Hours	



### CONFIRMATION OF PHYSICAL ACTIVITY

To whom it may concern,

I would like to confirm that \_\_\_\_\_ has completed the required 300 hours of physical activity for their transition plan.

The student completes this requirement as part of \_\_\_\_\_.  
(name of class/athletic team/other activity)

Final class mark (if applicable): \_\_\_\_\_%

Name of teacher (*please print clearly*): \_\_\_\_\_

Performance comments (optional):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

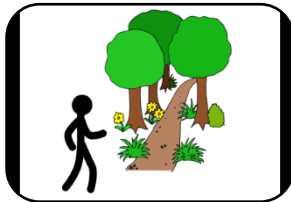


### THREE TOP ACTIVITIES

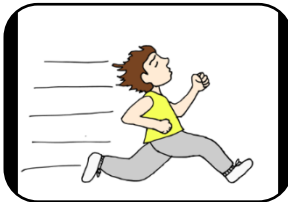
List your top three choices for physical activity and consider how you think you will keep fit in the future.

	Activity
1	
2	
3	

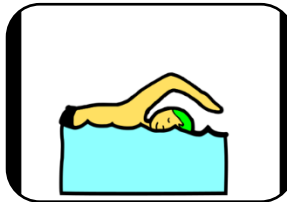
Come up with any ideas you can think of. Here are some ideas to help you out:



Walking



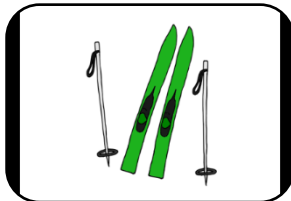
Running



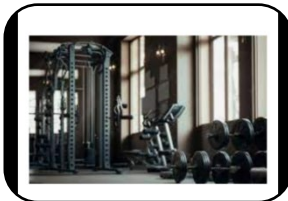
Swimming



Hockey



Skiing



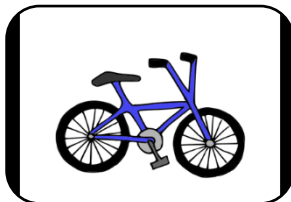
Gym/Working  
Out



Yoga/  
Meditation



Soccer



Biking



Skating



Baseball



Other



### WORK AND/OR WORK EXPERIENCE - GRADE 10

- To prepare for your life as an adult, you need to work and/or volunteer for at least 20 hours.
- Evidence of this can include employment skills reports, certificates, pay slips, logbook, a form or certificate signed by the employer/community person/agency/organization, etc.
- Include WorkBC, etc.
- You can attach other logs you may use to this page.

Name of Job or Volunteer place (Where and What)	Date(s) (When)	Hours (How Long)
<i>e.g., Sue's Copy Place or Wiping Cafeteria Tables</i>	<i>Sep 2023 - Dec 2023</i>	<i>Every Monday for 1 hour or 6 hrs</i>
	Total	



### WORK AND/OR WORK EXPERIENCE - GRADE 11

- To prepare for your life as an adult, you need to work and/or volunteer for at least 20 hours.
- Evidence of this can include employment skills reports, certificates, pay slips, logbook, a form or certificate signed by the employer/community person/agency/organization, etc.
- Include WorkBC, etc.
- You can attach other logs you may use to this page.

Name of Job or Volunteer place (Where and What)	Date(s) (When)	Hours (How Long)
<i>e.g., Sue's Copy Place or Wiping Cafeteria Tables</i>	<i>Sep 2023 - Dec 2023</i>	<i>Every Monday for 1 hour or 6 hrs</i>
	Total	





### WORK AND/OR WORK EXPERIENCE - GRADE 12

- To prepare for your life as an adult, you need to work and/or volunteer for at least 20 hours.
- Evidence of this can include employment skills reports, certificates, pay slips, logbook, a form or certificate signed by the employer/community person/agency/organization, etc.
- Include WorkBC, etc.
- You can attach other logs you may use to this page.

Name of Job or Volunteer place (Where and What)	Date(s) (When)	Hours (How Long)
<i>e.g., Sue's Copy Place or Wiping Cafeteria Tables</i>	<i>Sep 2023 - Dec 2023</i>	<i>Every Monday for 1 hour or 6 hrs</i>
	Total	



## CONFIRMATION OF WORK OR VOLUNTEER EXPERIENCE

To whom it may concern,

I would like to confirm that \_\_\_\_\_ has completed  
\_\_\_\_\_ hours of service for their transition plan.

Location: \_\_\_\_\_

The work experience or volunteer activity included these jobs and duties:

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The work experience or volunteer activity was completed on or between the following  
dates: \_\_\_\_\_ and \_\_\_\_\_.

Name of supervising adult (*please print clearly*): \_\_\_\_\_

Contact number of supervising adult: \_\_\_\_\_

Performance comments (optional):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## WORK AND VOLUNTEER EXPERIENCE REFLECTION

Thinking about your work and/or volunteer experience, complete these reflection and personal assessment questions.

Describe your work and/or volunteer experience.

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Explain three skills you learned while completing this work and/or volunteer experience (some examples - communication skills, organization skills, specific skills, teamwork skills, special responsibility, etc.).

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How do you think these new skills might help you in your future?

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In your opinion, do you think work and/or volunteer experience is important for high school students? Explain your answer.

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## MY FUTURE PLANS

### My plans after secondary school

Think about/answer some of these questions as you create your plan for life after high school.

What are your plans or goals for after high school?

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Will you take courses or go for more schooling?

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What community activities will you be involved with?

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Will you be involved in any hobbies or sports?

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What might be some other future interests?

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Where do you plan to live?

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Who do you plan to live with?

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How will you get around (transportation)?

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Are you interested in travelling? Where would you like to go?

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## My Resource Network

My resource network includes the following specific people:

- Parent(s): \_\_\_\_\_
- Family: \_\_\_\_\_
- Friend(s): \_\_\_\_\_
- Teacher(s): \_\_\_\_\_
- Social Worker (MCFD/Ktunaxa Kinbasket):  
\_\_\_\_\_
- Child and Youth with Special Needs (CYSN):  
\_\_\_\_\_
- Community Living British Columbia (CLBC):  
\_\_\_\_\_
- Services to Adults with Developmental Disabilities (STADD):  
\_\_\_\_\_
- Child and Youth Mental Health (CYMH):  
\_\_\_\_\_
- Counsellor: \_\_\_\_\_
- Other community agency resources: \_\_\_\_\_
- Occupational/physical therapist(s): \_\_\_\_\_
- Family doctor/dentist: \_\_\_\_\_
- Extra-curricular/sports groups: \_\_\_\_\_
- People in Motion: \_\_\_\_\_
- Others: \_\_\_\_\_



## Future Employment Preparation

You may also include the following in your transition plan:

- Current resume
- Cover letter
- Copies of complete applications for work, school and scholarships
- Letters of reference

My family and I are aware of job agencies/employment initiatives such as:

- Selkirk College
- College of the Rockies

Yes

No



## FINANCIAL PLAN

The goal of this section is to ensure students have a financial understanding, if necessary. If the student has a budget unit in math, please add documentation of a potential adulthood budget plan here.

Student:

To answer the following questions, use the internet or discuss with an adult.

Where will my money come from when I am an adult?

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How much money will I get each month?

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What are my potential expenses? What might I have to pay for each month? List the item and the amount you think it will cost?

Item

Cost

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Who will help me manage my money?

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## MY PRESENTATION PLAN

**Teacher:** Students are expected to present their work as a culmination of their high school experience. This will be completed in whatever way works for your student. It might be sitting with you as you look through the binder together. Another option is that they prepare a slide show or presentation of some sort to present to you, your class and their invited guests.

**Student:** The final step in your transition plan is to showcase some of the components of your work. This can be an interview, presentation, conversation, video, poster, collage, booklet, etc.

It is nice to include important people in your life to this presentation. Some people who could be invited are:

- parent(s)/guardian(s)
- sibling(s)/family
- principal
- Counsellor(s)
- social worker
- peers
- occupational therapist/physical therapist
- speech and language pathologist
- teacher(s)
- other people who are important to you

**My Transition Plan Presentation is ready!**

Location: \_\_\_\_\_

Date: \_\_\_\_\_





## TRANSITION PRESENTATION

Presenter (Student): \_\_\_\_\_

                    Date: \_\_\_\_\_

                    Teacher: \_\_\_\_\_

Comments:

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## SCHOOL LEAVING CHECKLIST FOR PARENTS

- Contact with MCFD Children and Youth with Support Needs - [CYSN](#)
  - Nelson office  
308 - 310 Ward St  
Nelson, BC  
V1L 5S4  
250-354-6465
  - Creston office  
224 - 10<sup>th</sup> Ave  
Creston, BC  
V0B 1G0  
250-428-3229
- Contact Community Living British Columbia - [CLBC](#)
  - For Nelson:  
Castlegar office  
620 17<sup>th</sup> St  
Castlegar, BC  
V1N 4G7  
250-365-8558
  - For Creston:  
Cranbrook office  
#200 - 1212 2<sup>nd</sup> St North  
Cranbrook, BC  
V1C 4T6  
250-426-1282
- Contact Services to Adults with Developmental Disabilities - [STADD](#)
  - 1-855-356-5609
    - Access STADD path document
- Discuss decision making agreement
- [Social Insurance Number](#)
- Medical Health Plan/[BC Service Card](#)
- [Copy of Birth Certificate](#)
- [BCID](#)
- Personal banking in order/Financial Planning
- Summer employment application
- [Disability Tax Credit Certificate \(DTCC\)](#)
- [TD 1 Form](#) has been filed (Tax Category Application)
- [Passport](#) (for travel outside of Canada)
- [MSDSI](#) - persons with disability benefits application (PWD, Ministry of Social Development and Social Innovation)
- Application to Education and Skills Training Certificate Program and/or Life Skills Program at [Selkirk College](#) and [College of the Rockies](#)
- Application to other Life Skills or day programs