

**Mississippi Department of Human Services
Division of Youth Services
Oakley Training School**

Transition Planning Documentation Checklist

Name of Student:

Date:

Date of Birth:

Date of Parole:

Mental Health/Rehabilitation Services

- Programming Needs Assessment
- Transition Plan/Final Comprehensive Service Plan
- Additional Psychological Assessment Results, if applicable

Educational Services

- Grade sheet
- Copy of insert from file records
- Copy of IEP, if applicable
- Copy of Teacher Support Team (TST) documentation, if applicable

Medical Services

- Medical Release Summary

Recommendations

- Referral to Regional Adolescent Team for Case Management Services
- Other:

Mailed to:

Date:

Form XIII.19.B

Effective Date: 07/01/09

Revised Date: 01/11/10