Secondary General Learning Program

Post Secondary Transition Planning Checklist

Student Name: _____   Year of Graduation: _____

_____

Register with Children's Service Coordination (Age 14-15)
- ❏ Application completed
    - ❏ Application approved
    - ❏ Application not approved

Apply for SSAH - Special Services at Home (Age 14-15)
- ❏ Application completed
    - ❏ Application approved
    - ❏ Application not approved

Register with DSO-ER (Age 16)
- ❏ Initial phone call to open case file   Date: _____
- ❏ Documentation provided to DSO-ER
    - ❏ Eligibility confirmed
    - ❏ Not eligible - refer to school psychologist for letter of support
- ❏ 1st assessment meeting completed   Date: _____
  (ADSS - Application for Developmental Services and Supports)
- ❏ 2nd assessment meeting completed   Date: _____

  (SIS - Supports Intensity Scale)
- ❏ Assessment reports received   Date: _____

Apply for ODSP (Age 17 ½ -18)
- ❏ Application Completed   Date: _____
    - ❏ Application approved   Date: _____
    - ❏ Application not approved

Financial
- ❏ Open bank account
- ❏ Direct deposit information to ODSP
- ❏ Open RDSP

Initiate Change to Adult Health Service Provider
- ❏ Doctor
- ❏ Dentist

Obtain Ontario Photo ID Card (Age 16)
- ❏ Application completed

Parent Signature:_____
Date:_____