



Australian Government

Department of Education, Employment
and Workplace Relations



CONNECT TO
YOUR FUTURE
Career Advice Australia



HILLS
SCHOOLS
INDUSTRY
PARTNERSHIP

INDIVIDUAL TRANSITION PLAN

Date of Meeting: _____

School: _____

Date of Review: _____

Student Name: _____ Age: _____ DOB: _____ Year Leaving School: _____

Address: _____ Phone: _____ Year: (circle) 7 8 9 10 11 12

Persons Present	Position/Role	Signature	Persons Present	Position/ Role	Signature

FUTURE GOALS

Consider: Continuing Education, Vocational Education & Training, Leisure & Recreation, Personal Management.

INDIVIDUAL TRANSITION PLAN

Student: _____

Date of Meeting: _____

Goal What do I want to achieve?	Action What is required to achieve my goals?	Person/s Responsible	Due Date	Review Comments & Recommendation	Date Achieved

Goal What do I want to achieve?	Action What is required to achieve my goals?	Person/s Responsible	Due Date	Review Comments & Recommendation	Date Achieved

Student Support Needs

What support/personnel are currently provided for you at the school?

What additional support/s may be required in the future (e.g. Targeted Funds: Link Support, School VET, Special Provisions, School To Work, TAFE VET, Technology, Aboriginal Education Assistance).

List any other agencies/services involved.