

# Florence School District Four

Timmonsville Alternative Learning Center  
Individualized Transition Plan

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Student's Strengths: \_\_\_\_\_

Targeted Behavior: \_\_\_\_\_  
\_\_\_\_\_

Behavior Intervention Plan:

Goals	Strategies	Student Responsibility	Parent Responsibility	Staff Responsibility

- Academic Support: \_\_\_\_\_
- Positive Reinforcements: \_\_\_\_\_
- Counseling Services: Frequency: \_\_\_\_\_ Person Responsible \_\_\_\_\_
- Mentor: \_\_\_\_\_
- Other: \_\_\_\_\_

Review Date	Notes	Modifications

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

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

Administrator: \_\_\_\_\_

Counselor: \_\_\_\_\_

Other: \_\_\_\_\_