

**Okaloosa County School District
Department of Juvenile Justice Schools
Exit Transition Plan**

Youth's Name _____ Grade _____ Date _____

Entry Date _____ Projected Exit Date _____

Social Security Number _____ Student Number _____

DOB _____ Parent/Guardian _____

Address _____ Phone _____

_____ Facility Case Manager _____

Aftercare Counselor _____ Aftercare Address _____

Desired Diploma Option _____ Aftercare Phone _____

A. Has the youth obtained a high school diploma or GED while at the facility? _____

B. Anticipated educational placement upon release _____

Grade Level _____

C. The youth earned _____ credits while at the facility. He had _____ credits when he entered. His current credit total is _____

D. The youth's ESE status is _____

E. Has youth taken the FCAT? _____ Results Pending _____

Passed: Reading _____ Mathematics _____

F. Has youth taken the GED? _____ Passed _____ Results pending _____

G. Vocational/career education while in the facility _____

Youth completed a job application _____ Youth developed a resume _____

H. Future career goals _____

I. Continuing education goals and needs _____

J. PRE/POST SCORES: _____ TABE _____ MBA _____ BASI

Date _____

Date _____

Reading _____

Reading _____

Math _____

Math _____

Language _____

Language _____

K. How did you benefit from the education program while at the facility? _____

L. Who is going to help you implement this educational/vocational training plan?

M. Dates and contacts made for assisting student with placement options for returning to
community, school and/or work.

Student

Date

Education Staff

Date

Case manager

Date

Other

Date

Other

Date