



EGUSD FOSTER YOUTH SERVICES (FYS)

STUDENT TRANSITION FORM

1. REQUIRED INFORMATION

New District/County of Attendance:

2. STUDENT INFORMATION

Student Name:

Also Known As:

Date of Birth:

Current Grade:

3. CURRENT SCHOOL INFORMATION - Please check all that apply

School:

District/County: **Elk Grove Unified/Sacramento**

Exit Date:

Current Educational Status

General Education

Section 504

Special Education (IEP)

ESL/ELL Student

Other:

AB167/216 Eligible

Did this student receive any of the following services?

Special Day Class

Inclusion Program

Physical Therapy

Specialized Healthcare Services

Speech Therapy

Vision Therapy

Occupational Therapy

Special Education Referral in Process

RSP

Transportation

ERMHS

Other:

Comments:

4. STRENGTH(S) - Please check all that apply

Able to problem solve

Demonstrates sense of humor

Listens well

Articulates feelings/needs

Enjoys math

Makes/maintains friendships

Asks for help

Enjoys reading

Negotiates/compromises

Attentive in class

Follows instructions

Participates in class

Cooperates with others

Helpful to others

Regular Attendance

Has the student made a significant connection with an adult (i.e. mentor) who would be willing to be contacted for ongoing support?

Yes

No

If yes, please provide:

Name:

Phone:

Comments:

5. CONCERN(S) - Please check all that apply (and provide a brief description)

Academic:

Health:

Family/Home:

School Discipline/Behavior:

Attendance:

Social/ Emotional:

Comments:

6. CURRENT SERVICE(S) - Please check all that apply

Academic Counseling

Group Services

Summer Program

After School Program

Individual Counseling/Mental Health Services

Tutoring

Attendance Supports/Interventions

Mentoring

Youth Leadership/Development

Behavioral Support

Nursing Services

Court Appt. Special Advocate(CASA)

Educational Assessment

Post-secondary Support/Planning

Other:

Comments:

EGUSD FYS STUDENT TRANSITION FORM - CONTINUED

7. PERSON COMPLETING FORM

Name:	Title:	Date:
Phone:	Email:	

8. PLEASE SEND COMPLETED TRANSITION FORM TO ASSIGNED EGUSD FYS PROGRAM ASSISTANT

EGUSD FYS PROGRAM ASSISTANTS:

EMAIL: FYS COORDINATOR/DISTRICT LIAISON COPY OF FORM (<https://www.cde.ca.gov/ls/pf/fy/contacts.asp>)

INCLUDE ATTACHMENTS AS APPLICABLE:

Attendance Record <input type="checkbox"/>	Discipline Records <input type="checkbox"/>	IEP/504 Plan <input type="checkbox"/>
JV-535/JV-536 <input type="checkbox"/>	Medication Form <input type="checkbox"/>	Emergency Care Plan <input type="checkbox"/>
Foster Care Placement Agreement <input type="checkbox"/>	Immunization Records <input type="checkbox"/>	
Transcripts and/or Report Card <input type="checkbox"/>	Other: _____	

ADDITIONAL COMMENTS/CONSIDERATIONS

THANK YOU!