

EXIT SUMMARY

Ventura County SELPA

Student Name _____

D.O.B. _____

Recommendations that may help the student meet his/her goals for adult life

This document does not guarantee these supports and/or accommodations will be provided. Consult with provider/agencies regarding your needs specific to each setting.

Student's preferences and interests for:		
Independent Living: Student hopes to _____ _____	Training: Student hopes to _____ Education: Student hopes to _____	Employment: Student hopes to be employed in _____ _____

Supports and/or accommodations that might help student:		
<ul style="list-style-type: none"> • • • • • • • • • • • 	<ul style="list-style-type: none"> • • • • • • • • • • • 	<ul style="list-style-type: none"> • • • • • • • • • • •

Agencies student may want to contact for supports or services:		
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •

For more information about college, go to our website for our handbook "Going to College...or Thinking About it?"

See page 3 for agency contact information