## Individualized Education Program (IEP) Transition Plan

Date: [Insert Date]

To: [Parent/Guardian Name]

Address: [Parent/Guardian Address]

Dear [Parent/Guardian Name],

We are pleased to present the Individualized Education Program (IEP) Transition Plan for [Student's Name]. This plan is designed to support [his/her/their] transition from school to post-secondary life. Below is an outline of the transition goals and services that will assist in [his/her/their] preparation for adulthood.

## **Transition Goals**

- Goal 1: [Insert Specific Goal]
- Goal 2: [Insert Specific Goal]
- Goal 3: [Insert Specific Goal]

## **Planned Activities**

- Activity 1: [Insert Activity]
- Activity 2: [Insert Activity]
- Activity 3: [Insert Activity]

## **Services and Supports**

- Support 1: [Insert Support]
- Support 2: [Insert Support]
- Support 3: [Insert Support]

We encourage you to participate in the upcoming IEP meeting scheduled for [Insert Date] at [Insert Location]. Your input is invaluable as we work together to prepare [Student's Name] for a successful transition.

Please feel free to reach out to me at [Insert Contact Information] if you have any questions or concerns.

Sincerely,

[Your Name]

[Your Title]

[School Name]