SYSTEMATIC TRANSITION PLAN (STP)

Youth Full Name	Chart Number	Name of STP Coordinator & Date	Date of Birth	Gender (check one box) □ MALE □ FEMALE	Social Security
Primary Language of Home		Limited English Proficient (check one box) □ YES X NO		Language of Instruction	
Date of Annual Physical MO/ DAY /YR		Projected Date of STP To MO/ DAY /YR MO/ DAY /YR		Care Plan type (check one box) □INITIAL □ REVIEW □ ANNUAL □ EXIT	

Electronic Team Participants						
Name	Address	City, State, Zip	Phone	Email	Date STP Sent	Date Received Back
Youth						
Parent/Guardian/Surrogate						
Primary Care Physician						
Care Coordinator						
Benefits Coordinator						
Transitioning Physician						
Specialty Physician 1						
Specialty Physician 2						
Specialty Physician 3						
Dentist						
Other						

Electronic Team Participants						
Name	Address	City, State, Zip	Phone	Email	Date STP Sent	Date Received Back
Specialty Physician 4						
Specialty Physician 5						
Specialty Physician 6						
Specialty Physician 7						
Other						

Areas	Current status/preferences/interests	Goals (Present - 5 yrs)
Education/Training (Postsecondary, continuing, vocational)		
Employment		
Day Services		
Social/Recreational		
Behavioral		
Medical/Developmental		
Living Arrangements		
Community Activities/Experiences		
Daily Living Skills		
Transportation		
Personal Care Skills		
Other		

☐ Youth completes these sections independently ☐ Youth completes these sections with assistance/by whom:

☐ Parent/Caregiver with youth not participating in PAR (Name and Relation):

Areas	Strengths/Needs	Goal/Action Plan
Education/Training (Postsecondary, continuing, vocational)		
Employment		
Day Services		
Social/Recreational		
Behavioral		
Medical/Developmental		
Living Arrangements		
Community Activities/Experiences		
Daily Living Skills		
Transportation		
Personal Care Skills		
Other		

X Youth completes these sections with no assistance	☐ Youth completes these sections with assistance/by whom:
☐ Parent/Caregiver with youth not participating in PAR (Name and Relation):	

Team Members	Strengths/Needs of Youth from your perspective	Goal/Action Plan
Parent/Guardian/Surrogate		
Primary Care Physician		
Care Coordinator		
Benefits Coordinator		
Transitioning Physician		
Specialty Physician 1		
Specialty Physician 2		
Specialty Physician 3		
Dentist		
Other		