



EXIT/TRANSFER REPORT SUMMARY

Criteria: If a participant is no longer able to maintain/or exceeds a performance level suitable for any given program, a transition to a more appropriate program will be determined by the interdisciplinary team (IDT).

Client _____ Social Security # _____

REASON FOR TRANSFER

- Habilitation
- Work Services
- Supported Employment
- Daybreak/Habilitation
- Residential

Exit Date: _____

TRANSFERRED TO:

- Habilitation
- Work Services
- Supported Employment
- Daybreak/Habilitation
- Residential

Transfer Date: _____

TRANSFER CONCERNS:

- Behavior issues/plan
- Visual schedule
- Elopement
- Other
- Food restrictions
- Health and Wellness

Program Manager Signature

Date