

My Transition Supports

Name:	DOB:	Anticipated Graduation Date
-------	------	-----------------------------

Family Supports:	Contact Information:	Role:
School Team:	Contact Information:	Role:
Vocational Team:	Contact Information:	Role:
OOD: Opportunities for Ohioans with Disabilities	Contact Information:	Role:
Lake County Board of DD: LAKE COUNTY BOARD OF DD / DEEPWOOD Empower Engage Enrich	Contact Information:	Role:
Transportation:	Contact Information:	Role:



Lake County Board of Developmental Disabilities/ Deepwood www.lakebdd.org

Other Agency Support:	Contact Information:	Role:
Other Agency Support:	Contact Information:	Role: