My Transition Supports

Student Name: _____ Date of Birth: _____ 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: LAKETRAN	**Contact Information:**	**Role:**
Other Agency Support:	**Contact Information:**	**Role:**
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Form Revision 8-11-2026