

## IEP Post-Secondary Transition Service Needs

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Student attended IEP meeting

\_\_\_\_\_ Student did not attend IEP meeting and was represented by \_\_\_\_\_

**TRANSITION SERVICES:** For ALL students beginning with the IEP to be in effect when the child is 16 or younger as appropriate (the IEP for students age 14 should include a statement of transition service needs).

### TRANSFER OF RIGHTS AT AGE OF MAJORITY

The student has been informed of his or her rights under IDEA that will transfer to the student upon reaching the age of majority. The student must be informed at least one year before the reaching age 18.

Date student was informed of the transfer of rights: \_\_\_\_\_

Date student reaches the age of majority: \_\_\_\_\_

### STUDENT'S POST-SCHOOL GOALS/VISION:

*(In the areas of postsecondary education, vocational education, integrated employment or supported employment, continuing and adult education, adult services, independent living or community participation).*

### Measurable Post Secondary Goals for Education, Training, Employment, and if appropriate Independent Living/Community Participation:

#### 1. EDUCATION

Results of age-appropriate transition assessments: (e.g., Choices, Aptitude, Career Exploration, FVE)

\_\_\_\_\_

\_\_\_\_\_

#### MEASURABLE POST-SECONDARY GOAL(S) for EDUCATION

**Appropriate** (Complete goal below)  **Not Appropriate** (Not required to complete this particular Goal)

#### Goal #1:

Assessment used to determine goal:

Progress Reporting:

#### Goal #2:

Assessment used to determine goal:

Progress Reporting:

### SERVICES REQUIRED TO ASSIST THE STUDENT IN REACHING THESE GOALS

Transition Services/Activities/Strategies Needed: \_\_\_\_\_

Person or Agency Responsible \_\_\_\_\_ Date Started \_\_\_\_\_

Completed: Yes: \_\_\_ No: \_\_\_

**2. TRAINING**

Results of age-appropriate transition assessments: (e.g., Choices, Aptitude, Career Exploration, FVE)

---

---

**MEASURABLE POST-SECONDARY GOAL(S) for TRAINING:**

**Appropriate** (Complete goal below)  **Not Appropriate** (Not required to complete this particular Goal)

|  |
|--|
| <p><b>Goal #1:</b></p> <p>Assessment used to determine goal:<br/>Progress Reporting:</p> |
| <p><b>Goal #2:</b></p> <p>Assessment used to determine goal:<br/>Progress Reporting:</p> |

**SERVICES REQUIRED TO ASSIST THE STUDENT IN REACHING THESE GOALS**

Transition Services/Activities/Strategies Needed: \_\_\_\_\_  
Person or Agency Responsible \_\_\_\_\_ Date Started \_\_\_\_\_  
Completed: Yes: \_\_\_ No: \_\_\_

**3. EMPLOYMENT**

Results of age-appropriate transition assessments: (e.g., Choices, Aptitude, Career Exploration, FVE)

---

---

**MEASURABLE POST-SECONDARY GOAL(S) for EMPLOYMENT:**

**Appropriate** (Complete goal below)  **Not Appropriate** (Not required to complete this particular Goal)

|  |
|--|
| <p><b>Goal #1:</b></p> <p>Assessment used to determine goal:<br/>Progress Reporting:</p> |
| <p><b>Goal #2:</b></p> <p>Assessment used to determine goal:<br/>Progress Reporting:</p> |

**SERVICES REQUIRED TO ASSIST THE STUDENT IN REACHING THESE GOALS**

Transition Services/Activities/Strategies Needed: \_\_\_\_\_  
Person or Agency Responsible \_\_\_\_\_ Date Started \_\_\_\_\_  
Completed: Yes: \_\_\_ No: \_\_\_

**4. INDEPENDENT LIVING /COMMUNITY PARTICIPATION**

Results of age-appropriate transition assessments: (e.g., Choices, Aptitude, Career Exploration, FVE)

\_\_\_\_\_  
\_\_\_\_\_

**MEASURABLE POST-SECONDARY GOAL(S) for INDEPENDENT LIVING/COMMUNITY PARTICIPATION:**

**Appropriate** (Complete goal below)  **Not Appropriate** (Not required to complete this particular Goal)

|  |
|--|
| <p><b>Goal #1:</b></p> <p>Assessment used to determine goal:<br/>Progress Reporting:</p> |
| <p><b>Goal #2:</b></p> <p>Assessment used to determine goal:<br/>Progress Reporting:</p> |

**SERVICES REQUIRED TO ASSIST THE STUDENT IN REACHING THESE GOALS**

Transition Services/Activities/Strategies Needed: \_\_\_\_\_

Person or Agency Responsible \_\_\_\_\_ Date Started \_\_\_\_\_

Completed: Yes: \_\_ No: \_\_

\*\*\*\*\*

**5. Does this plan meet regular graduation criteria?** Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please explain:

Projected Graduation Date: \_\_\_\_\_

Anticipated Diploma Endorsement:  Advanced  Comprehensive  General  
 Other: \_\_\_\_\_

**Courses of Study and/or other training to prepare the child regarding post-secondary goals:**

| School Year: | School Year: | School Year: | School Year: |
|--------------|--------------|--------------|--------------|
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |
|              |              |              |              |

I have participated in the development of my transition plan.  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_