Transition Documentation Checklist

Georgia Department of Education
Division of Special Education Services
Compliance Unit

System_____ **Date_____**

NAME	1. PS GOALS EDUCATION /TRAINING	2. PS GOALS EMPLOYMENT	3. PS GOALS INDEPENDENT LIVING	4. IEP GOALS TO MEET PS	5. PS BASED ON TRANSITION ASSESSMENTS	6. TRANSITION SERVICES (ACTIVITIES) ACADEMIC AND FUNCTIONAL TO FACILITATE MOVEMENT TO PS	7. COURSE OF STUDY TO FACILITATE	8. STUDENT INVITED TO IEP MEETING	9. AGENCY REPRESENTATIVE INVITED TO IEP MEETING	10. PRIOR PARENTAL CONCENT RE/AGENCY REP	ALL AREAS IN COMPLIANCE

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