TRANSITION PLANNING:

THE MEETINGS AND THE FORMS
People Appropriate for the Transition Planning Team

- Student
- Parents
- Teacher (both regular and special education)
- Career Education Teacher
- High School Graduation coach
- Parent Mentor
- Technology Teacher
- Paraprofessional
- Guidance Counselor
- Special Education Administrator
- Transition Coordinator/Specialist
- Community-Based Teacher
- Career and Technical Education Teachers/Coordinator
- Georgia Vocational Rehabilitation Agency Representative
- Career Technical Instructor Coordinator
- Job Coach
- Building Level Administrator
- Support Coordinator for Adult Services/Other outside agencies
- Recreational Resources
Agencies or Organizations Appropriate for Transition Planning

- Georgia Vocational Rehabilitation Agency
- Regional Offices for Department of Behavioral Health and Developmental Disabilities (DBHDD).
- Community Service Boards
- Mental Health Clinics or Day Programs
- Mental Health Services
- Employment programs through the community
- Department of Juvenile Justice
- Department of Family and Children Service
- Probation officers
- Private agencies
- Place of Employment
- Residential
- Day habilitation
- Private agencies for supported employment, residential services
- Disability service directors from post-secondary schools
- Volunteer groups
- Possible student mentors
- Civic organizations
- Business leaders
- Georgia Parent Mentors
- Private physicians
- Private counselors
- Chamber of Commerce
- Social Security Administration
- Parks and Recreation Services
# ELEMENTARY TRANSITION PLANNING CHECKLIST

Name_________________________ School Year:________________

**Career Awareness** - Can the student begin to explain:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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| ☐   | ☐  | parents' jobs?  
| ☐   | ☐  | community jobs?|
| ☐   | ☐  | how skills relate to a job?|
| ☐   | ☐  | interest in various jobs?|
| ☐   | ☐  | his/her goals/dreams for the future?|

**Knowledge of Postsecondary Education** – Can the student begin to demonstrate knowledge of postsecondary education regarding:

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**Financial Awareness** – Can the student begin to demonstrate financial awareness:

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□ □ concerning fiscal responsibility in managing allowance?

Community Participation – Does the student participate in the community through:

Yes  No

□ □ going to restaurants, movies, the library, etc.
□ □ participating in athletics
□ □ traveling in his/her neighborhood
□ □ participating in secular/religious activities

Leisure/Recreational Activities – Does the student participate in leisure/recreational activities:

Yes  No

□ □ in school?
□ □ in Physical Education classes?
□ □ by playing games at home?
□ □ by expressing an interest in recreational activities?

Understanding of Transportation Needs – Does the student demonstrate an emerging understanding of transportation needs:

Yes  No

□ □ by negotiating his/her way around the school?
□ □ by negotiating his/her neighborhood?
□ □ by utilizing various available means of transportation?

Self-Advocacy Skills – Does the student begin to demonstrate self-advocacy skills:

Yes  No

□ □ by communicating his/her needs effectively?
□ □ by requesting help when needed?
□ □ by participating in his/her own IEP meeting?
□ □ by using communication devices effectively?
□ □ by resolving conflicts with others effectively?
Socialization Skills – Does the student demonstrate socialization skills:

Yes  No
☐  ☐ by playing with age-appropriate peers?
☐  ☐ by playing with non-disabled peers?
☐  ☐ by taking advantage of opportunities to develop friendships?
☐  ☐ by demonstrating the ability to be a friend?
☐  ☐ by participating in school/community activities with friends?

Self-Management – Does the student begin to demonstrate self-management skills:

Yes  No
☐  ☐ by choosing clothes and dresses self?
☐  ☐ by performing personal hygiene tasks?
☐  ☐ by following safety rules?
☐  ☐ by completing chores in home?
☐  ☐ by managing his/her own time effectively?

Living Arrangements – Does the student expresses goals for future living arrangements:

Yes  No
☐  ☐ by describing various types of living arrangements (homes, duplexes, apartments, nursing homes, family roommates, etc.)?
☐  ☐ by demonstrating an awareness of medical needs?
☐  ☐ by describing medical needs?
☐  ☐ by taking medications independently?
☐  ☐ by stating doctor’s name?
☐  ☐ by understanding future medical needs?

Knowledge of Insurance – Does the student begin to express a knowledge of insurance:

Yes  No
☐  ☐ by knowing whether or not he/she has medical insurance?
☐  ☐ by understanding options for insurance?

Parent Involvement:

Yes  No
☐ ☐ Have parents been involved in the IEP process? Have they been encouraged to include their child in IEP planning? How?
☐ ☐ Have parents been encouraged to assist their child in setting goals for the future? How?
☐ ☐ Are parents provided information on local resources and contacts to assist them with planning for achieving future goals?
☐ ☐ Have parents Applied for Social Security Insurance (SSI)
http://www.ssa.gov/disabilityssi/
☐ ☐ Have parents familiarized themselves with State Waivers.
☐ ☐ Have parents been encouraged to develop self-determination skills with their child at home by being provided with strategies and suggestions for developing self-determination?

Student Signature _________________________________ Date______________

Parent Signature _________________________________ Date _____________
# MIDDLE SCHOOL TRANSITION PLANNING CHECKLIST

**Name:** __________________________  **School Year:** ______________

Note: Each student with a disability must complete necessary BRIDGE requirements for Middle School

## Career Planning Options/Employment Options

- **Yes**
- **No**

- [ ] □ have opportunities to try out different jobs?
- [ ] □ know where to find information on careers?
- [ ] □ self-evaluate skills/abilities?
- [ ] □ relate skills/abilities to jobs?
- [ ] □ have any current work responsibilities?
- [ ] □ state likes/dislikes/interest in particular jobs?
- [ ] □ make realistic decision in planning for a future job (i.e. designing the 4-year high school plan)?
- [ ] □ complete interest and career inventories?
- [ ] □ identify assistive technology tools that can increase employment opportunities?

## Post-Secondary Training

- **Yes**
- **No**

- [ ] □ state the appropriate post-secondary training for various careers (i.e. vocational/technical college, community college, four year college, on-the-job training, etc.)?
- [ ] □ express an interest in post-secondary training?
- [ ] □ explore options for post-secondary education and training including admission criteria?
- [ ] □ develop a school/training plan to reach possible job goals?

## Financial Assistance/Income Support

- **Yes**
- **No**

- [ ] □ receive Supplemental Security Income?
- [ ] □ earn an allowance?
- [ ] □ earn money from jobs (babysitting, newspaper route, etc.)?
- [ ] □ manage money wisely?
- [ ] □ make his/her own purchases?
Community Participation - Does the student:

Yes  No

☐  ☐ negotiate his/her neighborhood?
☐  ☐ demonstrate an ability to access community recreation and civic sites?
☐  ☐ participate in community sports activities?
☐  ☐ participate in youth groups?
☐  ☐ investigate assistive technology tools that can facilitate community participation?
☐  ☐ broaden student experiences with community activities and expand friendships?

Leisure/Recreation - Does the student:

Yes  No

☐  ☐ identify interest in leisure activities?
☐  ☐ participate in an identified area of interest?
☐  ☐ know how to access information about leisure activities?
☐  ☐ participate in school extracurricular activities?
☐  ☐ demonstrate participation in both individual and group leisure activities?

Transportation - Can the student:

Yes  No

☐  ☐ negotiate his/her neighborhood?
☐  ☐ negotiate the school environment?
☐  ☐ identify various modes of transportation?
☐  ☐ utilize at least one mode of transportation?
☐  ☐ pursue and use local transportation options outside of the family?

Self-Advocacy - Does the student:

Yes  No

☐  ☐ identify personal learning styles and the necessary accommodations to be a successful learner and worker?
☐  ☐ learn to effectively communicate student interests, preferences, and needs?
☐  ☐ learn and practice informed decision-making skills?
☐  ☐ explain his/her disability and the accommodations he/she needs?
Personal Management - Does the student:

Yes  No

☐ ☐ awake independently in the morning?
☐ ☐ independently care for hygiene and grooming?
☐ ☐ prepare simple meals?
☐ ☐ do his/her laundry?
☐ ☐ independently complete assigned chores at home?
☐ ☐ follow safety rules?
☐ ☐ make purchases for personal items?
☐ ☐ use time-management techniques?
☐ ☐ learn and practice money management?

Living Arrangements - Does the student:

Yes  No

☐ ☐ express a desire for a certain type of living arrangement upon graduation?
☐ ☐ identify interests and options for future living arrangements, including supports?
☐ ☐ demonstrate an understanding of the cost of living/lifestyle planning?

Medical - Does the student:

Yes  No

☐ ☐ demonstrate a basic understanding of the different types of medical care (dental, internal medicine, gynecological, etc.)?
☐ ☐ realistically express his/her medical needs/limitations?
☐ ☐ independently take medication, if prescribed?
☐ ☐ demonstrate skills needed to decide when to take over-the-counter medications (i.e. aspirin, etc)?
☐ ☐ require support for maintaining medical needs?

Insurance - Does the student:

Yes  No

☐ ☐ demonstrate a basic understanding of the different types of insurance (medical, dental, auto, etc.)?
☐ ☐ demonstrate an understanding of how he/she can obtain insurance (work benefits, Supplemental Security Income, etc.)?
☐ ☐ require support in this area?
Individualized Education Program (IEP) Team meeting - Did the student:

Yes  No

☐  ☐ attend his/her IEP Team meeting?
☐  ☐ have input on who would be included in his/her IEP meeting?
☐  ☐ provide information on goals, interest, and dreams?
☐  ☐ provide information on personal strengths and weaknesses?
☐  ☐ provide information on needed supports/accommodations/modifications?
☐  ☐ acquire an identification card and the ability to communicate personal information?

IEP Planning:

Yes  No

☐  ☐ The student has been provided instruction on the IEP process.
☐  ☐ The student has had input on IEP components including:
  • meeting participants
  • present levels of performance (personal strengths/weaknesses)
  • transition plan
  • goals and objectives
☐  ☐ The student has been an active participant in his/her own IEP Team meetings.

Parental Involvement

Yes  No

☐  ☐ Parents have been informed of the legal requirements and procedures involving transition planning?
☐  ☐ Parents are provided information regarding the academic requirements for obtaining a high school diploma?
☐  ☐ Parents have been provided information on high stakes tests including the Georgia High School Graduation Test (GHSGT), the SAT, and the ACT?
☐  ☐ Are parents provided information on local resources (medical, living, financial, etc.) and contacts to assist them with planning for transition?
☐  ☐ Parents have begun process for access to state waivers. http://www.ssa.gov/disabilityssi/
☐  ☐ Have parents been encouraged to develop self-determination skills with their child at home?
☐  ☐ Have parents been involved in the IEP process?
HIGH SCHOOL TRANSITION PLANNING CHECKLIST

Name_________________________________School Year:_________________

Note: Each student with a disability must complete necessary BRIDGE requirements for High School

Career Planning Options - Does the student:

Yes   No

☐ ☐ have vocational assessment information in his/her file (include interest, aptitude, situational assessment info, when appropriate)?
☐ ☐ have a realistic career goal?
☐ ☐ have a realistic plan to reach the goal?
☐ ☐ have a community experiences related to the career goal?
☐ ☐ have parental support for the career goal?
☐ ☐ plan academic coursework?

Employment Options- Does the student:

Yes   No

☐ ☐ demonstrate a basic understanding of his/her employment options?
☐ ☐ demonstrate the skills, aptitudes, and behaviors to reach his/her goal?
☐ ☐ learn and practice appropriate interpersonal, communication, and social skills for different settings?
☐ ☐ demonstrate the ability to complete W2 and/or W4 and income tax forms?
☐ ☐ have a range of work experiences: explorations, job shadowing, mentoring internships?
☐ ☐ have a completed resume (and updated, as needed)?
☐ ☐ have the skills to meet the demands and expectations of the job(s) of interest?
☐ ☐ need additional related work experience?
☐ ☐ need assistance finding a job?
☐ ☐ need assistance keeping a job?
☐ ☐ Is the student willing to relocate?

Post-secondary education - Does the student:

Yes   No

☐ ☐ want or need post-secondary training?
☐ ☐ what type? career tech? ☐ Community College? ☐ 4-YR College? ☐
identify a list of supports needed to attend post-secondary school?
understand high school course requirements needed for post-secondary admissions?
participate in entrance examinations (SAT/ACT, COMPASS, ASSET, etc.)?
visit the campus prior to selection?
need assistance selecting an institution?
understand entrance requirements?
meet criteria for admissions?
need assistance with application procedures/financial aid forms?
have the necessary self-advocacy skills to independently access available supports?
understand the demands and expectations of the educational setting (accessibility, availability of support services, academic rigor, social culture, independent living setting)?

Financial Assistance/Income - Does the student:

Yes  No

do determine the need for financial assistance from an adult agency (MHDDAD, VR, SSI, Pell Grants, Hope Scholarship, etc.)?
receive SSI and understand the various programs available?
know how to access financial resources (SSI, Medicaid, etc.)?
know how to establish and live within a budget appropriate for the level of income?
know how to open and maintain a checking and/or savings account?
require ongoing assistance with financial matters?

Community Participation - Does the student:

Yes  No

do demonstrate how to locate and utilize public utility companies, post offices, driver’s license office, etc.?
utilize public shopping malls, theaters, grocery stores, etc.?
know how and/or where to register to vote?
know where to take the driving test?
know how and/or where to register for selective service?
know how to access community support services (VR, CILS, etc.)?

Leisure/Recreation - Does the student:

Yes  No

do demonstrate participation in school and/or community activities?
demonstrate participation in both individual and group recreational activities?  

demonstrate appropriate communication and social skills in a variety of recreational settings?  

demonstrate the ability to seek out information on leisure activities of interest?  

Transportation- Does the student:

Yes  No  

use various modes of transportation available within his/her community?  

know how to access transportation when needed?  

have a driver’s license?  

need special travel arrangements made on a regular basis?  

need support to meet transportation needs?  

Self-advocacy - Does the student:

Yes  No  

demonstrate appropriate assertiveness with friends and adults?  

invite desired participants to IEP Team meetings?  

participate in IEP planning?  

participate in the development of long-range goals?  

express opinions and needs appropriately and effectively?  

demonstrate the ability to request assistance if needed?  

identify needed personal assistant services, and if appropriate, learn to direct and manage these services?  

understand and effectively express limitations and/or needs as well as strengths?  

have understanding of his/her needed accommodations on the job or in the school and effectively express them to disability service providers or employers?  

demonstrate an understanding of his/her rights and responsibilities as a person with a disability?  

explore legal status about decision making one-year prior to the age of majority and consider the need for guardianship.  

Socialization/Friends- Does the student:

Yes  No  

have age-appropriate friends?  

demonstrate different levels of personal relationships (intimate friends, acquaintances)?  

have non-disabled friends?
- **participate in social activities with friends?**

**Personal Management** - Can the student:

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<th>Yes</th>
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<tr>
<td>☐ ☐</td>
<td>wake up independently in the morning?</td>
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<tr>
<td>☐ ☐</td>
<td>use good judgment about sleep habits?</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>practice independent living skills, e.g. shopping, cooking, housekeeping?</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>manage money effectively?</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>manage time effectively?</td>
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<tr>
<td>☐ ☐</td>
<td>perform routine household maintenance chores (dishes, cleaning, replacing light bulbs, etc.)?</td>
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<tr>
<td>☐ ☐</td>
<td>select appropriate clothes for various settings?</td>
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<tr>
<td>☐ ☐</td>
<td>maintain appropriate personal grooming and hygiene skills?</td>
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<tr>
<td>☐ ☐</td>
<td>access needed natural supports, accommodations, and support services?</td>
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**Living Arrangements** - Can the student:

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<tr>
<td>☐ ☐</td>
<td>select a realistic and affordable living environment?</td>
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<td>☐ ☐</td>
<td>manage the demands and expectations of the adult living environment?</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>need support to meet the demands and expectations of the adult living environment?</td>
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<tr>
<td>☐ ☐</td>
<td>identify potential service providers to assist the individual in meeting the demands and expectations of the adult living environment?</td>
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**Medical** - Does the student:

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<tr>
<td>☐ ☐</td>
<td>demonstrate what to do in emergency?</td>
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<tr>
<td>☐ ☐</td>
<td>have medical insurance?</td>
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<td>☐ ☐</td>
<td>demonstrate how to file his/her insurance?</td>
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<td>☐ ☐</td>
<td>independently take medication?</td>
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<td>☐ ☐</td>
<td>make a doctor’s appointment?</td>
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<td>☐ ☐</td>
<td>discriminate between serious and minor illnesses?</td>
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<td>☐ ☐</td>
<td>know how to locate emergency and other medical services?</td>
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<td>☐ ☐</td>
<td>explain his/her disability to medical personnel?</td>
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<tr>
<td>☐ ☐</td>
<td>identify health care providers and become informed about sexuality and family planning issues?</td>
</tr>
</tbody>
</table>
☐ ☐ describe family medical history and any allergies to medicine?
☐ ☐ Will the student need ongoing assistance in this area?

Insurance - Does the student:

Yes  No
☐ ☐ have auto insurance if needed?
☐ ☐ have dental insurance?
☐ ☐ know how to complete and file insurance claim forms?
☐ ☐ understand the various insurances available (unemployment, medical, dental, car, life, rental, etc.)?
☐ ☐ Will the student need ongoing assistance in the area?

At least one year before the student graduates and/or exits the school system

• Apply for financial support programs.
• Review Transition Plan including all Measurable Post Secondary Outcome Goals and begin planning the Summary of Performance.
• Register to vote and for selective services (if male).
• Coordinate with adult service providers and ensure that appropriate referrals have been made.

Student Signature___________________________________Date _____________

Parent Signature ________________________________ Date _____________
Transition Plan Reference Sheet

Education/Training
- Technical education courses
- Community Based Vocational Training
- Life Centered Career Education Curriculum
- VR Referral
- On-the-job training
- Job coaching/peer coaching
- Supported or sheltered employment
- Technical school
- Military
- 4 year college or university
- 2 year college
- Certification program
- Apprenticeship

Development of Employment
- Career awareness/exploration
- Job seeking and keeping skills
- VR referral
- Supported or sheltered employment
- Part-time employment
- Work study program
- Volunteer work
- Apprenticeship

Community Participation
- Community-Based Instruction
- Citizenship
  - Voting
  - Taxes
  - Selective service
- Volunteerism in the community
- Accessing emergency services
- Utilizing various community entities
  - Library
  - Bank
  - Utilities companies
  - Government offices

Adult Living Skills & Post School Options
- Knowledge of paycheck
- SSI/ Medicaid Waiver
- Insurance
- Financial Aid for college/ Scholarships
- Guardianship
- Self-advocacy/Self-determination
- Wills and trusts
- Criminal/Civil actions
- Clubs/ Camps
- Community recreation programs
- Hobbies
- Teams sports
- Church groups
- Social skills training
- Semi-independent living
- Supported living/ Group home
- Day-habilitation/ Adult daycare

Related Services
- OT/PT
- Speech
- Assistive Technology
- Special transportation

Daily Living Skills
- Transportation
  - Public
  - Driving
Georgia High School Graduation Requirements

Graduation Rule Definitions

Career, Technical and Agricultural Education (CTAE) Pathways – Three elective units in a coherent sequence that includes rigorous content aligned with industry-related standards leading to college and work readiness in a focused area of student interest.

Core Courses – courses identified as “c” or “r” in Rule 160-4-2-.03 List of State-Funded K-8 Subjects and 9-12 Courses.

Credit Recovery – Credit recovery is an opportunity for a student to retake a course that he/she previously was not academically successful in earning credit towards graduation. Credit recovery options allow students that have completed seat time and calendar requirements to earn credit based on competency of the content standards. Credit recovery is NOT an individual contract between students and teachers to retake individual content items or strands of a course in which a student has not achieved mastery. Credit Recovery courses are complete courses containing all GPS content on which the student will demonstrate mastery before receiving a new grade. In general, credit recovery programs are intended for students who have been previously unsuccessful in a specific academic course and need additional review of the academic material in order to earn credit for the course.

Dual Enrollment – Articulation for secondary work that has been aligned with the technical college course standards (student must meet the technical college criteria to receive the credit). Dual Enrollment/Accel allows students the opportunity to take postsecondary courses that lead to a degree program in the academic core only. Dual Enrollment/HOPE allows students the opportunity to take postsecondary courses that lead to a diploma or technical certificate only.

Elective Courses – any courses identified as “e” in Rule 160-4-2-.03 List of State-Funded K-8 Subjects and 9-12 Courses that a student may select beyond the core requirements to fulfill the unit requirements for graduation.
Georgia Virtual School Program – the program authorized to provide online learning courses to eligible students in the State of Georgia

Required courses – specific courses identified as “r” in Rule 160-4-2-.03 List of State-Funded K-8 Subjects and 9-12 Courses that each student in a program of study shall pass to graduate from high school.

Secondary School Credential – a document awarded to students at the completion of the high school experience.

- High School Diploma – the document awarded to students certifying that they have satisfied attendance requirements, unit requirements and the state assessment requirements as referenced in Rule 160-3-1-.07 Testing Programs - Student Assessment.

- High School Certificate – the document awarded to pupils who do not complete all of the criteria for a diploma or who have not passed the state assessment requirements as referenced in Rule 160-3-1-07 Testing Programs – Student Assessment, but who have earned 23 units and meet all local board requirements.

- Special Education Diploma – the document awarded to students with disabilities assigned to a special education program and who has not met the state assessment requirements referenced in Rule 160-3-1-.07 Testing Programs - Student Assessment or who have not completed all of the requirements for a high school diploma but who have nevertheless completed their Individualized Education Programs (IEP).

Significant Cognitive Disabilities – students with significant intellectual disabilities or intellectual disabilities concurrent with motor, sensory or emotional/behavioral disabilities who require substantial adaptations and support to access the general curriculum and require additional instruction focused on relevant life skills and participate in the Georgia Alternate Assessment (GAA).

Unit – one unit of credit awarded for a minimum of 150 clock hours of instruction or 135 hours of instruction in an approved block schedule.

Unit, Summer School – one unit of credit awarded for a minimum of 120 clock hours of instruction.
SUMMARY OF PERFORMANCE (SOP)

Instructions

Purpose: The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). IDEA [Section 614(c)(5)(B)(ii)] requires the following: “For a child whose eligibility under special education terminates due to graduation with a regular diploma, or due to exceeding the age of eligibility, the local education agency shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals.” The SOP, with the accompanying documentation, is critical as a student transitions from high school to higher education, post-secondary training and/or employment. This information is necessary to establish a student’s eligibility for reasonable accommodations and supports in postsecondary settings under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

The SOP is most useful when coordinated with the Georgia Performance Standards, Georgia graduation requirements, course of study and the IEP/transition plan. It must be completed during the final year of a student’s high school education. The timing for completion of the SOP may vary depending on the student’s desired postsecondary goals. For example, if a student is transitioning to higher education, the SOP, with additional documentation, may be needed as the student applies to a college or university. Likewise, this information may be needed prior to graduation as a student applies for services from agencies identified in the transition plan. For other students, it may be appropriate to wait until the spring of a student’s last year in school to finalize the information on the performance of the student.

When developing the SOP, the student should actively participate. Other IEP team members, family members or other community agencies involved in this student’s transition planning process should also provide input. The SOP becomes the student’s resume as he or she transitions to postsecondary settings.

Part 1: Student Information – Complete this section as specified. Please note this section you are requested to provide copies of the most recent formal and informal assessment reports that document the student’s disability and provides information to assist in post-high school planning.

Part 2: Student’s Postsecondary Goals – These goals should indicate the post-school environment or environments in which the student intends to transition upon completion of his/her high school education. These goals should address education, employment, independent living and community access, as appropriate for the student.

Part 3: Present Levels of Performance Summary – This section includes two critical areas of student performance: Academic and Functional Levels of Performance. Next to each academic or functional area, please complete the student’s present level of performance, the accommodations used and the rationale for why those accommodations are necessary. When listing
accommodations include any accommodation, modification, assistive technology or other supports used to assist the student in achieving success in this area. Include specific details about each accommodation, such as 30 minutes extra time instead of simply extra time. In the rationale section, provide the explanation of how the student’s disability impacted his or her performance such that the listed accommodations were necessary for success.

An Accommodation is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. An accommodation does not change the content of what is being taught or the expectation that the student meet a performance standard applied for all students. A Modification is defined as a change to the general education curriculum, which changes the standards or expectations for students. Assistive Technology is defined as any device that helps a student with a disability function in a given environment, and includes “low tech” or “high-tech” options.

Part 4: Recommendations to Assist the Student in Meeting Post Secondary Goals – This section should present suggestions for accommodations, adaptive devices, assistive devices, assistive services, compensatory strategies, modifications, or general areas of need that a student will require to be successful in a post-high school environment, including higher education, training, employment, independent living and/or community participation.

Part 5: Student Perspective - The student provides information for the development of this SOP. The student’s contribution can help (a) secondary professionals complete the summary, (b) the student to better understand the impact of his/her disability on academic and functional performance in the postsecondary setting, and (c) postsecondary personnel to more clearly understand the impact of the disability on this student. This section may be filled out independently by the student or completed with the student through an interview.

Part 6: Postsecondary Community Agency Contacts, Team Members, and Supports - The Transition Team should provide all the necessary contact information to help the student as he or she transitions to postsecondary settings.

This template is an adaptation of a template developed by the National Transition Documentation Summit © 2005 based on the work of Stan Shaw, Carol Kochhar-Bryant, Margo Izzo, Ken Benedict, and David Parker. **Note on this revision:** This template reflects the contributions and suggestions of numerous stakeholders in professional organizations, state agencies, school districts and universities.
Summary of Performance

Part 1: Student Information
Student Name: ___________________ Date of Birth: ___________ Year of Graduation: ___________
Address: __________________________ Telephone Number: ___________ Primary Language: ___________
Current School: ___________________ Date of Most Recent IEP: ___________ Area of Disability: ___________
Course of Study: ___________________ Date of Eligibility determination/redetermination ____________ Date of Last Psychological Evaluation: ___________

Please check off and include a copy of the assessment reports that identify the student’s disability that will assist in postsecondary planning:

Psychological Report Response to Intervention Medical/Physical Reading Assessment
GHSGT Results EOCt Results Adaptive Behavior Behavioral Analysis
CBVI Resume Transcripts Career Assessment Assistive Technology
Transition Checklist Self Determination OT/PT Plan IEP/Transition Plan
Other: ________________________________________________

Part 2: Student’s Desired Postsecondary Goals (Consideration should be given to education, employment, independent living and community access)
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Part 3: Present Levels of Performance Summary

<table>
<thead>
<tr>
<th>ACADEMIC AREAS</th>
<th>PRESENT LEVEL OF PERFORMANCE</th>
<th>DATE</th>
<th>ACCOMMODATIONS</th>
<th>ACCOMMODATIONS RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Strengths, Needs)</td>
<td></td>
<td>(Include accommodations, modifications and assistive technology or other supports used in high school)</td>
<td>(Explanation of impact of disability and the need for listed accommodations)</td>
</tr>
<tr>
<td>Reading (Basic Reading, Decoding, Comprehension, Reading Speed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math (Calculation, Reasoning, Speed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACADEMIC AREAS</td>
<td>PRESENT LEVEL OF PERFORMANCE (Strengths, Needs)</td>
<td>DATE</td>
<td>ACCOMMODATIONS (Include accommodations, modifications and assistive technology or other supports used in high school)</td>
<td>ACCOMMODATIONS RATIONALE (Explanation of impact of disability and the need for listed accommodations)</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Written Language (Written Expression, Skills in Composition, Speed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Skills (Class participation, Note taking, Keyboarding, Organization, Test taking, Study skills)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUNCTIONAL AREAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Skills and Behavior (Interactions with teachers/peers, Level of initiation in asking for assistance, Confidence and Persistence as a learner)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication (Oral expression, Listening Comprehension, Pragmatics)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living Skills (Self-care, Leisure skills, Banking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Access (Assistive Tech, Mobility, Transportation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Determination/Self Advocacy Skills (Ability to explain disability and ask for assistance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career/Vocational (Career Interests, Job training)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Family Concerns</td>
<td></td>
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</tr>
</tbody>
</table>
Part 4: Recommendations to Assist Student in Meeting Postsecondary Outcomes
What are the recommended accommodations, modifications, assistive technology, or general areas of need? If none are needed, must explain why not.

<table>
<thead>
<tr>
<th>ACADEMIC AREAS</th>
<th>PRESENT LEVEL OF PERFORMANCE (Strengths, Needs)</th>
<th>DATE</th>
<th>ACCOMMODATIONS (Include accommodations, modifications and assistive technology or other supports used in high school)</th>
<th>ACCOMMODATIONS RATIONALE (Explanation of impact of disability and the need for listed accommodations)</th>
</tr>
</thead>
</table>

Higher Education or Career Technical Education:  
Employment:  
Independent Living:  
Community Participation:  

Part 5: Student Perspective

A. How does your disability affect your schoolwork and school activities? (Think about grades, relationships, assignments, tests, communication, extracurricular activities.)

B. In the past, what supports have been tried by teachers to assist you in being successful in school?

C. Which of these accommodations and supports worked best for you? Why did they work?
D. What strengths should others know about you as you begin college or work?

E. What has been most difficult for you in school?

**Part 6: Post-Secondary Community Agency Contacts, Team Members and Supports**
(Contact Information for adult services for daily living skills, independent living, financial assistance, employment, transportation, etc.)

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>CONTACT PERSON</th>
<th>SERVICES PROVIDED</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community or local resource the student is likely to contact</td>
<td>Name and title of person student should contact</td>
<td>Services the agency might provide after graduation</td>
<td>Phone number, address, e-mail</td>
</tr>
<tr>
<td>High School Team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Family Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institute of Higher Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Services Provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Transition Service Plan

Purpose:

The purpose of a Transition Service Plan is to assist children with their IEP team and natural supports, build the skills and support they need to reach their post-school goals. The successful transition of children with disabilities from school to post school environments should be a priority of every IEP team. The purpose of the Individuals with Disabilities Act (1997) was “to ensure that all children with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living,” (20 U.S.C. ~ 140 (d) (1) (A).

The 2004 reauthorization of IDEA changed transition services to a “results-oriented process” that is focused on improving the academic and functional achievement of the child” (20 U.S.C. ~ 1414 (c) (5) (B) (ii). The Individual with Disabilities Education Improvement Act of 2004 (IDEA 2004) also requires the IEP team to include “appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate independent living.” Transition should be completed at the beginning of the Individualized Education Program meeting of all children by eighth grade. It should drive all contents of Individualized Education Program. There should be a relationship between a child’s IEP goals and objective and Transition. This document should be based on the child’s present levels of performance. It should be “user friendly,” it should include input from school personnel, outside agency personnel, family, and above all the child.

Preferences, Strengths, Interests and Course of Study based on Present Levels of Performance and Age Appropriate Transition Assessments – An assessment of the skills and interests related to education, employment, training, independent living skills (as appropriate) should be conducted in conjunction with the development of the transition components. The initial transition assessment may be prior to the eighth grade and could occur when a re-evaluation consideration is conducted. It should also be ongoing and fluid. Assessment tools that clearly describe a child’s strengths and weaknesses and document a child’s interests and perceptions about their skills should be utilized. Surveys and interviews work well for this type of assessment. Also, there are six characteristics that should be considered when conducting a transition assessment; the assessment should be child centered, continuous, and occurring in many places, involving a variety of people, have understandable data, and be sensitive to cultural diversity.

Desired Measurable Post Secondary Outcome/Completion Goals-These should be measurable post secondary outcome/completion goals of what the child wants to achieve after graduation. They should be “major life accomplishments” or “completion goals” These should be in the areas of Education/Training, Employment and Independent Living (as appropriate). These goals should be written in easy to understand language. These outcome/completion goals can change and become more refined as the child has more experience and gets closer to graduation. They should occur after the child graduates from school.
Measurable Transition IEP Goals - (based on age appropriate transition assessment) including transition activities and services appropriate to attain the Post Secondary Outcome/Completion Goals. This section should include measurable transition IEP goals that directly relate to the how, when, where, and what is needed to complete each postsecondary outcome/completion goal. They should be relevant to “how to get to” the desired post-secondary outcomes. They must be meaningful. This section is divided into Education/Training, Development of Employment, Community Participation, Adult Living Skills and Post School Options, Related Services and Daily Living Skills (as appropriate). There must be at least one measurable transition IEP goal for Education/Training and Employment. Measurable transition goals for Independent Living should be addressed as appropriate.

Transition Activities and Services – This section should address the transition activities and services that are needed to attain these measurable goals and should also be listed. Transition Activities and Services should be planned as the “what is needed to achieve these goals.” Many activities and services should be planned and implemented for each goal.

Persons and Agency Involved - This section should include who will help the child achieve the goals stated. There must be documentation that these persons were invited to the Transition IEP meeting and that the parents and student (if over 18) were notified of their possible attendance. (When needed, if participating agency does not attend, document other actions for agency linkages.)

Date of completion and Achieved Outcome - This should also be completed by date and what was achieved.
# Transition Service Plan

<table>
<thead>
<tr>
<th>Name:</th>
<th>Projected date of Graduation:</th>
<th>Date of Initial Transition Program Development:__________ Update:____ ____ _____ ______</th>
</tr>
</thead>
</table>

**Preferences, Strengths, Interests and Course of Study based on Present Levels of Performance and Age Appropriate Transition Assessments** (Areas for consideration include course of study, post-secondary education, vocational training, employment, continuing education, adult services and community participation)

**Desired Measurable Post Secondary/Outcome Completion Goals** (These goals are to be achieved after graduation and there must be a completion goal for Education/Training and Employment )

**Education/Training**

<table>
<thead>
<tr>
<th>Education/Training</th>
<th>Employment</th>
<th>Independent Living (as appropriate)</th>
</tr>
</thead>
</table>

Based on age appropriate transition assessments, in the spaces below, include measurable Transition IEP Goals and Transition Activities/Services appropriate for the child’s post-secondary preferences, strengths and needs. Note: There must be at least a measurable Transition IEP Goal to help the child reach each of the desired Measurable Post Secondary/Outcome Completion Goals.

**Education/Training** (Goals based on academics, functional academics, life centered competencies or career/technical or agricultural training needs and job training.)

<table>
<thead>
<tr>
<th>Transition IEP Goal(s)</th>
<th>Transition Activities/Services</th>
<th>Person/Agency Involved</th>
<th>Date of Completion/Achieved Outcome</th>
</tr>
</thead>
</table>

<p>| | | | |
| | | | |
| | | | |
| | | | |</p>
<table>
<thead>
<tr>
<th>Development of Employment</th>
<th>Transition IEP Goal(s)</th>
<th>Transition Activities/Services</th>
<th>Person/Agency Involved</th>
<th>Date of Completion/Achieved Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Participation</td>
<td>Transition IEP Goals</td>
<td>Transition Activities/Services</td>
<td>Person/Agency Involved</td>
<td>Date of Completion/Achieved Outcome</td>
</tr>
<tr>
<td>Adult Living Skills &amp; Post School Options</td>
<td>Transition IEP Goals</td>
<td>Transition Activities/Services</td>
<td>Person/Agency Involved</td>
<td>Date of Completion/Achieved Outcome</td>
</tr>
<tr>
<td>Related Services</td>
<td>Transition IEP Goals</td>
<td>Transition Activities/Services</td>
<td>Person/Agency Involved</td>
<td>Date of Completion/Achieved Outcome</td>
</tr>
</tbody>
</table>

**Development of Employment** (Goals based on occupational awareness, employment related knowledge and skills and specific career pathway knowledge and skills.)

**Community Participation** (Goals based on knowledge and demonstration of skills needed to participate in the community (e.g., tax forms, voter registration, building permits, social interactions, consumer activities, accessing and using various transportation modes.))

**Adult Living Skills & Post School Options** (Goals based on skills for self-determination, interpersonal interactions, communication, health/fitness and the knowledge needed to successfully participate in Adult Lifestyles and other Post School Activities (e.g., skills needed to manage a household, maintain a budget and other responsibilities of an adult.)

**Related Services** (Goals based on Related Services that may be required now to help a child benefit from regular and special education and transition services (e.g., speech/language, occupational therapy, counseling, vocational rehabilitation training or the planning for related services that the individual may need access to as an adult.)
### Daily Living Skills (Goals based on adaptive behaviors related to personal care and well-being to decrease dependence on others.)

<table>
<thead>
<tr>
<th>Transition IEP Goals</th>
<th>Transition Activities/Services</th>
<th>Person/Agency Involved</th>
<th>Date of Completion/Achieved Outcome</th>
</tr>
</thead>
</table>

### TRANSFER OF RIGHTS (Required by age 17):

* ___________________ was informed on ________________ of his/her rights, if any, that will transfer at age 18.*

(Name)  
(Date)

### RIGHTS WERE TRANSFERRED (Required by age 18):

* ___________________ was informed on ________________ of his/her rights.*

(Name)  
(Date)