

# **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:

- | Yes                      | No                       |                                      |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | parents' jobs?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | community jobs?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | how skills relate to a job?          |
| <input type="checkbox"/> | <input type="checkbox"/> | interest in various jobs?            |
| <input type="checkbox"/> | <input type="checkbox"/> | his/her goals/dreams for the future? |

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

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | interest in postsecondary education?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | knowledge of careers that require postsecondary education?        |
| <input type="checkbox"/> | <input type="checkbox"/> | emphasis of academic skills required for postsecondary education? |

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

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | regarding Social Security benefits received? |
| <input type="checkbox"/> | <input type="checkbox"/> | regarding allowance earned in the home?      |

- concerning fiscal responsibility in managing allowance?

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

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | going to restaurants, movies, the library, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | participating in athletics                      |
| <input type="checkbox"/> | <input type="checkbox"/> | traveling in his/her neighborhood               |
| <input type="checkbox"/> | <input type="checkbox"/> | participating in secular/religious activities   |

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

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | in school ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | in Physical Education classes ?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | by playing games at home ?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | by expressing an interest in recreational activities ? |

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

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | by negotiating his/her way around the school?           |
| <input type="checkbox"/> | <input type="checkbox"/> | by negotiating his/her neighborhood?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | by utilizing various available means of transportation? |

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

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | by communicating his/her needs effectively?     |
| <input type="checkbox"/> | <input type="checkbox"/> | by requesting help when needed?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | by participating in his/her own IEP meeting?    |
| <input type="checkbox"/> | <input type="checkbox"/> | by using communication devices effectively?     |
| <input type="checkbox"/> | <input type="checkbox"/> | by resolving conflicts with others effectively? |

Socialization Skills – Does the student demonstrate socialization skills :

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | by playing with age-appropriate peers?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | by playing with non-disabled peers?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | by taking advantage of opportunities to develop friendships?  |
| <input type="checkbox"/> | <input type="checkbox"/> | by demonstrating the ability to be a friend?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | by participating in school/community activities with friends? |

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

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | by choosing clothes and dresses self?     |
| <input type="checkbox"/> | <input type="checkbox"/> | by performing personal hygiene tasks?     |
| <input type="checkbox"/> | <input type="checkbox"/> | by following safety rules?                |
| <input type="checkbox"/> | <input type="checkbox"/> | by completing chores in home?             |
| <input type="checkbox"/> | <input type="checkbox"/> | by managing his/her own time effectively? |

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

**Yes    No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | by describing various types of living arrangements (homes, duplexes, apartments, nursing homes, family roommates, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | by demonstrating an awareness of medical needs?  |
| <input type="checkbox"/> | <input type="checkbox"/> | by describing medical needs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | by taking medications independently?   |
| <input type="checkbox"/> | <input type="checkbox"/> | by stating doctor's name?  |
| <input type="checkbox"/> | <input type="checkbox"/> | by understanding future medical needs?   |

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

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | by knowing whether or not he/she has medical insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 - Does the student:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | have opportunities to try out different jobs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | know where to find information on careers?  |
| <input type="checkbox"/> | <input type="checkbox"/> | self-evaluate skills/abilities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | relate skills/abilities to jobs?  |
| <input type="checkbox"/> | <input type="checkbox"/> | have any current work responsibilities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | state likes/dislikes/interest in particular jobs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | make realistic decision in planning for a future job (i.e. designing the 4- year high school plan)? |
| <input type="checkbox"/> | <input type="checkbox"/> | complete interest and career inventories?   |
| <input type="checkbox"/> | <input type="checkbox"/> | identify assistive technology tools that can increase employment opportunities?                     |

Post –secondary training - Can the student:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | state the appropriate post-secondary training for various careers (i.e. vocational/technical college, community college, four year college, on-the-job training, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | express an interest in post-secondary training?   |
| <input type="checkbox"/> | <input type="checkbox"/> | explore options for post-secondary education and training including? admission criteria?  |
| <input type="checkbox"/> | <input type="checkbox"/> | develop a school/training plan to reach possible job goals?   |

Financial Assistance/Income Support – Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | receive Supplemental Security Income?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | earn an allowance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | earn money from jobs (babysitting, newspaper route, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | manage money wisely?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | make his/her own purchases?                                |



Community Participation - Does the student:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | negotiate his/her neighborhood?   |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate an ability to access community recreation and civic sites?              |
| <input type="checkbox"/> | <input type="checkbox"/> | participate in community sports activities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | participate in youth groups?  |
| <input type="checkbox"/> | <input type="checkbox"/> | investigate assistive technology tools that can facilitate community participation? |
| <input type="checkbox"/> | <input type="checkbox"/> | broaden student experiences with community activities and expand friendships?       |

Leisure/Recreation - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | identify interest in leisure activities?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | participate in an identified area of interest?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | know how to access information about leisure activities?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | participate in school extracurricular activities?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate participation in both individual and group leisure activities? |

Transportation - Can the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | negotiate his/her neighborhood?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | negotiate the school environment?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | identify various modes of transportation?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | utilize at least one mode of transportation?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | pursue and use local transportation options outside of the family? |

Self-Advocacy - Does the student:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | identify personal learning styles and the necessary accommodations to be a successful learner and worker? |
| <input type="checkbox"/> | <input type="checkbox"/> | learn to effectively communicate student interests, preferences, and needs?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | learn and practice informed decision-making skills?   |
| <input type="checkbox"/> | <input type="checkbox"/> | explain his/ her disability and the accommodations he/she needs?  |

Personal Management - Does the student:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | awake independently in the morning?             |
| <input type="checkbox"/> | <input type="checkbox"/> | independently care for hygiene and grooming?    |
| <input type="checkbox"/> | <input type="checkbox"/> | prepare simple meals?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | do his/her laundry?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | independently complete assigned chores at home? |
| <input type="checkbox"/> | <input type="checkbox"/> | follow safety rules?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | make purchases for personal items?              |
| <input type="checkbox"/> | <input type="checkbox"/> | use time-management techniques?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | learn and practice money management?            |

Living Arrangements - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | express a desire for a certain type of living arrangement upon graduation?         |
| <input type="checkbox"/> | <input type="checkbox"/> | identify interests and options for future living arrangements, including supports? |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate an understanding of the cost of living/lifestyle planning?             |

Medical - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate a basic understanding of the different types of medical care (dental, internal medicine, gynecological, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | realistically express his/her medical needs/limitations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | independently take medication, if prescribed?  |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate skills needed to decide when to take over-the counter medications (i.e. aspirin, etc.)?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | require support for maintaining medical needs?   |

Insurance - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate a basic understanding of the different types of insurance (medical, dental, auto, etc.)?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate an understanding of how he/she can obtain insurance (work benefits, Supplemental Security Income, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | require support in this area?  |

Individualized Education Program (IEP) Team meeting - Did the student:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | attend his/her IEP Team meeting?  |
| <input type="checkbox"/> | <input type="checkbox"/> | have input on who would be included in his/her IEP meeting?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | provide information on goals, interest, and dreams?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | provide information on personal strengths and weaknesses?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | provide information on needed supports/accommodations/modifications?                |
| <input type="checkbox"/> | <input type="checkbox"/> | acquire an identification card and the ability to communicate personal information? |

IEP Planning:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The student has been provided instruction on the IEP process.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The student has had input on IEP components including: <ul style="list-style-type: none"><li>• meeting participants</li><li>• present levels of performance (personal strengths/weaknesses)</li><li>• transition plan</li><li>• goals and objectives</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | The student has been an active participant in his/her own IEP Team meetings.   |

Parental Involvement

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Parents have been informed of the legal requirements and procedures involving transition planning?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents are provided information regarding the academic requirements for obtaining a high school diploma?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents have been provided information on high stakes tests including the Georgia High School Graduation Test (GHS GT), the SAT, and the ACT?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are parents provided information on local resources (medical, living, financial, etc.) and contacts to assist them with planning for transition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents have begun process for access to state waivers.<br><a href="http://www.ssa.gov/disabilityssi/">http://www.ssa.gov/disabilityssi/</a>     |
| <input type="checkbox"/> | <input type="checkbox"/> | Have parents been encouraged to develop self-determination skills with their child at home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have parents been involved in the IEP process?   |

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | have vocational assessment information in his/her file (include interest, aptitude, situational assessment info, when appropriate)? |
| <input type="checkbox"/> | <input type="checkbox"/> | have a realistic career goal?   |
| <input type="checkbox"/> | <input type="checkbox"/> | have a realistic plan to reach the goal?  |
| <input type="checkbox"/> | <input type="checkbox"/> | have a community experiences related to the career goal?  |
| <input type="checkbox"/> | <input type="checkbox"/> | have parental support for the career goal?  |
| <input type="checkbox"/> | <input type="checkbox"/> | plan academic coursework?   |

Employment Options- Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate a basic understanding of his/her employment options?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate the skills, aptitudes, and behaviors to reach his/her goal?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | learn and practice appropriate interpersonal, communication, and social skills for different settings? |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate the ability to complete W2 and/or W4 and income tax forms?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | have a range of work experiences: explorations, job shadowing, mentoring internships?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | have a completed resume (and updated, as needed)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | have the skills to meet the demands and expectations of the job(s) of interest?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | need additional related work experience?   |
| <input type="checkbox"/> | <input type="checkbox"/> | need assistance finding a job?   |
| <input type="checkbox"/> | <input type="checkbox"/> | need assistance keeping a job?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the student willing to relocate?  |

Post-secondary education - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | want or need post-secondary training?<br>what type?      career tech? <input type="checkbox"/> Community College? <input type="checkbox"/><br>4-YR College? <input type="checkbox"/> |

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | identify a list of supports needed to attend post-secondary school?   |
| <input type="checkbox"/> | <input type="checkbox"/> | understand high school course requirements needed for post-secondary admissions?  |
| <input type="checkbox"/> | <input type="checkbox"/> | participate in entrance examinations (SAT/ACT, COMPASS, ASSET, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | visit the campus prior to selection?  |
| <input type="checkbox"/> | <input type="checkbox"/> | need assistance selecting an institution?   |
| <input type="checkbox"/> | <input type="checkbox"/> | understand entrance requirements?   |
| <input type="checkbox"/> | <input type="checkbox"/> | meet criteria for admissions?   |
| <input type="checkbox"/> | <input type="checkbox"/> | need assistance with application procedures/financial aid forms?  |
| <input type="checkbox"/> | <input type="checkbox"/> | have the necessary self-advocacy skills to independently access available supports?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | determine the need for financial assistance from an adult agency (MHDDAD, VR, SSI, Pell Grants, Hope Scholarship, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | receive SSI and understand the various programs available?   |
| <input type="checkbox"/> | <input type="checkbox"/> | know how to access financial resources (SSI, Medicaid, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | know how to establish and live within a budget appropriate for the level of income?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | know how to open and maintain a checking and/or savings account?   |
| <input type="checkbox"/> | <input type="checkbox"/> | require ongoing assistance with financial matters?   |

Community Participation - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate how to locate and utilize public utility companies, post offices, driver's license office, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | utilize public shopping malls, theaters, grocery stores, etc.?   |
| <input type="checkbox"/> | <input type="checkbox"/> | know how and /or where to register to vote?  |
| <input type="checkbox"/> | <input type="checkbox"/> | know where to take the driving test?   |
| <input type="checkbox"/> | <input type="checkbox"/> | know how and/or where to register for selective service?   |
| <input type="checkbox"/> | <input type="checkbox"/> | know how to access community support services (VR, CILS, etc.)?  |

Leisure/Recreation - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | wake up independently in the morning?   |
| <input type="checkbox"/> | <input type="checkbox"/> | use good judgment about sleep habits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | practice independent living skills, e.g. shopping, cooking, housekeeping?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | manage money effectively?   |
| <input type="checkbox"/> | <input type="checkbox"/> | manage time effectively?  |
| <input type="checkbox"/> | <input type="checkbox"/> | perform routine household maintenance chores (dishes, cleaning, replacing light bulbs, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | select appropriate clothes for various settings?  |
| <input type="checkbox"/> | <input type="checkbox"/> | maintain appropriate personal grooming and hygiene skills?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | access needed natural supports, accommodations, and support services?                         |

Living Arrangements - Can the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | select a realistic and affordable living environment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | manage the demands and expectations of the adult living environment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | need support to meet the demands and expectations of the adult living environment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | identify potential service providers to assist the individual in meeting the demands and expectations of the adult living environment? |

Medical - Does the student:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate what to do in emergency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | have medical insurance?  |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrate how to file his/her insurance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | independently take medication?   |
| <input type="checkbox"/> | <input type="checkbox"/> | make a doctor's appointment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | discriminate between serious and minor illnesses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | know how to locate emergency and other medical services?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | explain his/her disability to medical personnel?   |
| <input type="checkbox"/> | <input type="checkbox"/> | identify health care providers and become informed about sexuality and family planning issues? |



- 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

- Pedestrian skills
- Mobility training
- Special equipment
- Medical care
- Budgeting
- Banking
- Shopping
- Meal preparation
- Housekeeping/ laundry skills
- Time management skills
- Hygiene/sex education

## 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.

- IDA(2) Rule 160-4-2-.03 *List of State-Funded K-8 Subjects and 9-12 Courses* can be accessed on the Georgia Department of Education web site at [www.doe.k12.ga.us](http://www.doe.k12.ga.us). Click on “State Board” at the top of the home page and select “Rules” in the drop-down menu. When the page opens, scroll down to IDA(2) and click to open the document.

**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.

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## 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: \_\_\_\_\_  
 (Attach 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:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Response to Intervention | <input type="checkbox"/> Medical/Physical  | <input type="checkbox"/> Reading Assessment   |
| <input type="checkbox"/> GHSGT Results        | <input type="checkbox"/> EOCT Results             | <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Behavioral Analysis  |
| <input type="checkbox"/> CBVI Resume          | <input type="checkbox"/> Transcripts              | <input type="checkbox"/> Career Assessment | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transition Checklist | <input type="checkbox"/> Self Determination       | <input type="checkbox"/> OT/PT Plan        | <input type="checkbox"/> IEP/Transition Plan  |
| <input type="checkbox"/> 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

| ACADEMIC AREAS   | PRESENT LEVEL OF PERFORMANCE<br>(Strengths, Needs) | DATE | ACCOMMODATIONS<br>(Include accommodations, modifications and assistive technology or other supports used in high school) | ACCOMMODATIONS RATIONALE<br>(Explanation of impact of disability and the need for listed accommodations) |
|--|--|------|--|--|
| <b>Reading</b> (Basic Reading, Decoding, Comprehension, Reading Speed) |  |      |  |  |
| <b>Math</b> (Calculation, Reasoning, Speed)                            |  |      |  |  |

| ACADEMIC AREAS  | PRESENT LEVEL OF PERFORMANCE<br>(Strengths, Needs) | DATE | ACCOMMODATIONS<br>(Include accommodations, modifications and assistive technology or other supports used in high school) | ACCOMMODATIONS RATIONALE<br>(Explanation of impact of disability and the need for listed accommodations) |
|---|--|------|--|--|
|   |  |      |  |  |
| <b>Written Language</b> (Written Expression, Skills in Composition , Speed)   |  |      |  |  |
| <b>Learning Skills</b> (Class participation, Note taking, Keyboarding, Organization, Test taking, Study skills)   |  |      |  |  |
| <b>FUNCTIONAL AREAS</b>   |  |      |  |  |
| <b>Social Skills and Behavior</b> (Interactions with teachers/peers, Level of initiation in asking for assistance, Confidence and Persistence as a learner) |  |      |  |  |
| <b>Communication</b><br>(Oral expression, Listening Comprehension, Pragmatics)  |  |      |  |  |
| <b>Independent Living Skills</b><br>(Self-care, Leisure skills, Banking)  |  |      |  |  |
| <b>Environmental Access</b><br>(Assistive Tech, Mobility, Transportation)   |  |      |  |  |
| <b>Self Determination/Self Advocacy Skills</b><br>(Ability to explain disability and ask for assistance)  |  |      |  |  |
| <b>Career/Vocational</b><br>(Career Interests, Job training)  |  |      |  |  |
| <b>Medical/Family Concerns</b>  |  |      |  |  |

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

**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.

|  |  |
|--|--|
| <b>Higher Education or Career Technical Education:</b> |  |
| <b>Employment:</b>                                     |  |
| <b>Independent Living:</b>                             |  |
| <b>Community Participation:</b>                        |  |

**Part 5: Student Perspective**

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

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

## 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

|              |                                      |  |
|--------------|--------------------------------------|--|
| <b>Name:</b> | <b>Projected date of Graduation:</b> | <b>Date of Initial Transition Program Development:</b> _____<br><b>Update:</b> _____ |
|--------------|--------------------------------------|--|

**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-**

**Employment -**

**Independent Living ( as appropriate)-**

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.

| <b>Education/Training</b> (Goals based on academics, functional academics, life centered competencies or career/technical or agricultural training needs and job training.) |                                |                        |   |
|---|--------------------------------|------------------------|---|
| Transition IEP Goal(s)  | Transition Activities/Services | Person/Agency Involved | Date of Completion/<br>Achieved Outcome |
|   |                                |                        |   |

| <b>Development of Employment</b> (Goals based on occupational awareness, employment related knowledge and skills and specific career pathway knowledge and skills.)   |                                       |                               |   |
|---|---------------------------------------|-------------------------------|---|
| <b>Transition IEP Goal(s)</b>   | <b>Transition Activities/Services</b> | <b>Person/Agency Involved</b> | <b>Date of Completion/<br/>Achieved Outcome</b> |
|   |                                       |                               |   |
| <b>Community Participation</b> (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.))   |                                       |                               |   |
| <b>Transition IEP Goals</b>   | <b>Transition Activities/Services</b> | <b>Person/Agency Involved</b> | <b>Date of Completion/<br/>Achieved Outcome</b> |
|   |                                       |                               |   |
| <b>Adult Living Skills &amp; Post School Options</b> (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.)) |                                       |                               |   |
| <b>Transition IEP Goals</b>   | <b>Transition Activities/Services</b> | <b>Person/Agency Involved</b> | <b>Date of Completion/<br/>Achieved Outcome</b> |
|   |                                       |                               |   |
| <b>Related Services</b> (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.))                    |                                       |                               |   |



| Transition IEP Goals   | Transition Activities/Services | Person/Agency Involved | Date of Completion/<br>Achieved Outcome |
|--|--------------------------------|------------------------|---|
|  |                                |                        |   |
| <b>Daily Living Skills</b> (Goals based on adaptive behaviors related to personal care and well-being to decrease dependence on others.) |                                |                        |   |
| Transition IEP Goals   | Transition Activities/Services | Person/Agency Involved | Date of Completion/<br>Achieved Outcome |
|  |                                |                        |   |

**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)

