

Name: _____ Date: _____ Page _____ of _____

Initial Date _____ Dates Reviewed _____

Transition Goals and Services

These goals and services are to be in place beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team and are to be reviewed at least annually and revised as needed.

Child's Postsecondary Goals

Answer the following questions (1-3) to indicate appropriate measurable postsecondary goals based upon age-appropriate transition assessments. If the child did not attend the IEP meeting, describe the steps that were taken to ensure consideration of the child's preferences and goals: _____

Goals for Employment and Education are REQUIRED, list goals for Independent Living Skills as appropriate.

1) Postsecondary Career/Employment Goal(s): As an adult, what kind of work do you want to do/will you do? _____

2) Postsecondary Education/Training Goal(s): After High School, what additional education and training will you want/need to receive? _____

3) Postsecondary Independent Living Skills/Community Participation Goal(s): As an adult, how and where do you want to/will you live and what skills will you need to live as independently as possible? _____

List age appropriate transition assessments used in determining postsecondary goals: _____

Transition Services

List the services and activities to be implemented to assist the child in reaching the postsecondary goals indicated on page 1, the person responsible for implementation, the semester to be implement and the status. These activities/services can be in the classroom, home or in the community and there must be at least one per goal indicated on page 1. A student or parent can not be the sole responsible party; a school district representative must be included as a responsible party. Required by age 16, may be started at an earlier age if appropriate.

Transition Activities/Services	Responsible Person/Party	Semester to be Implemented	Status*
Career/Employment Activities			
Secondary Education/Training Activities			
Independent Living Skills/Community Participation Activities			
Other			

*Status: 1=New, 2=Continued, 3=Completed

Was there a need to invite a community agency representative likely to provide current or future services?

Yes___ No___

List agencies invited: _____

If yes, did the community agency representative attend the IEP meeting? Yes_____ No_____

If no, Explain: _____

