

## Transition Planning Checklist

Preferences				
Checklist Items	Yes	No		Comments
Course of Study	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	State the student's diploma type, career pathway, or types of courses/classes/program.
Description of the transition Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Give the name or description of the assessment(s) used.
Transition Assessment Results	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Indicate the results from all assessments used.
Preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicate things that the student prefers: you can mention what the student does during their free time.
Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicate what the student's strengths are.
Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List the student's career and personal interests.
Desired Measurable Post Secondary/Outcome Completion Goals				
Checklist Items	Yes	No		Comments
a) Education	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Start with "After graduation, ____ will...". After that, tell what type of training the student will get and in what field. If the student is going into the military or dayhabilitation, you do not have to list the area/field.
b) Employment	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Start with "After graduation, ____ will...". After that, tell what type of job or career the student will have. If the student is going into the military or dayhabilitation, you do not have to list the area/field.
c) Independent Living (as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This section is optional. Start with "After graduation, ____ will..." If not needed, leave it blank or put N/A.
(Required Section) Education/Training Annual Transition Goals - Goals based on academics, functional academics, life centered competencies or career/technical or agricultural training needs and job training.				
Checklist Items	Yes	No		Comments
Annual Transition Goals	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Must have at least one, must be measurable, attainable in a year, be age and grade appropriate, and must be in line with the post-secondary Education/Training goal.
Activities/Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Must have at least one per transition goal. Write as steps to lead to the attainment of that goal. Indicate the person(s) or agency(ies) that will be involved for each.
(Required Section) Development of Employment Annual Transition Goals - Goals based on occupational awareness, employment related knowledge and skills and specific career pathway knowledge and skills.				
Checklist Items	Yes	No		Comments
Annual Transition Goals	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Must have at least one, must be measurable, attainable in a year, be age and grade appropriate, and must be in line with the post-secondary Education/Training goal.
Activities/Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Must have at least one per transition goal. Write as steps to lead to the attainment of that goal. Indicate the person(s) or agency(ies) that will be involved for each.

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### (Optional, depending on student needs)

**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).

Checklist Items	Yes	No		Comments
Annual Transition Goals	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one, must be measurable, attainable in a year, be age and grade appropriate, and must be in line with the post-secondary Education/Training goal.
Activities/Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one per transition goal. Write as steps to lead to the attainment of that goal. Indicate the person(s) or agency(ies) that will be involved for each.

### (Optional, depending on student needs)

**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).

Checklist Items	Yes	No		Comments
Annual Transition Goals	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one, must be measurable, attainable in a year, be age and grade appropriate, and must be in line with the post-secondary Education/Training goal.
Activities/Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one per transition goal. Write as steps to lead to the attainment of that goal. Indicate the person(s) or agency(ies) that will be involved for each.

### (Optional, depending on student needs)

**Related Services** - Goals based on services that will be needed post-graduation such as, speech/language, occupational therapy, counseling, vocational rehabilitation training, and other adult service providers.

Checklist Items	Yes	No		Comments
Annual Transition Goals	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one, must be measurable, attainable in a year, be age and grade appropriate, and must be in line with the post-secondary Education/Training goal.
Activities/Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one per transition goal. Write as steps to lead to the attainment of that goal. Indicate the person(s) or agency(ies) that will be involved for each.

### (Optional, depending on student needs)

**Daily Living Skills** - Goals based on adaptive behaviors related to personal care and well-being to decrease dependence on others.)

Checklist Items	Yes	No		Comments
Annual Transition Goals	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one, must be measurable, attainable in a year, be age and grade appropriate, and must be in line with the post-secondary Education/Training goal.
Activities/Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required, if section is addressed</b>	Must have at least one per transition goal. Write as steps to lead to the attainment of that goal. Indicate the person(s) or agency(ies) that will be involved for each.

Name \_\_\_\_\_

Date \_\_\_\_\_

## Transition Planning Checklist

### Transfer of Rights/ Rights Were Transferred

Checklist Items	Yes	No		Comments
Student is informed of the rights being transferred at 18.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Required by age 17
Student is able to make decisions pertaining to their IEP	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Required by age 18

### Attendees

Checklist Items	Yes	No		Comments
Student invited to IEP meeting	<input type="checkbox"/>	<input type="checkbox"/>	<b>Required</b>	Documentation could be found on sign-in sheet, minutes, or meeting notification form.
Agency Representative Invited to Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation could be found on sign-in sheet, minutes, or meeting notification form. <i>Examples: VR counselor, Disability Coordinator from colleges, or DDBH Representative.</i>
Prior parental consent for agency representative to attend the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation could be found on sign-in sheet, minutes, or meeting notification form. <b>This is required if you invited an agency representative.</b>

Name \_\_\_\_\_

Date \_\_\_\_\_

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