

# Transition Planning: Things to Know

**Wayne PAC**  
**February 14, 2019**



# SECONDARY TRANSITION PLANNING

**Ideally, transition begins at birth and focuses on the child's interests, preferences and needs.**

**According to IDEA 2004, schools must begin transition planning when the student with an IEP turns 16 years old (or 15, if will turn 16 during IEP).**

**When transition is a topic at IEPs, the student and the parents have a prominent role in discussing what has been done, what is needed, and what can be provided for the future.**

**Transition planning creates a coordinated set of activities as part of a process focused on improving the child's academic and personal life skills and helping the child move from school to adult life.**



# Who Should Be On the Transition IEP Team?

- A special education teacher
- A regular education teacher
- One or both parents
- The student (must be invited by age 16, earlier is better)
- A school district staff member qualified to provide or supervise special education, who is knowledgeable about the general curriculum and the availability of district resources
- Someone who can interpret the instructional implications of evaluation results
- Possibly Community Agency representative
- Others?



# Appropriate Planning for Students:

- **Who are these students?**
- **When was the discussion about diploma?**
- **Do they really belong in a program that will not lead to a diploma?**
- **What does the school need to do to get them ready?**



# THE NUMBERS- 2017-2018

## Students with Disabilities

Age	Statewide	Wayne RESA
0-26 years old	207,341	36,721
0-2 years old	4,993	807
3-5 years old	21,624	3,092
6-21 years old	177,153	32,134
22-26 years old	3,571	688

## Transition Age Students with Disabilities

Grade	Statewide	Wayne RESA
8th	14,541	2,568
9th-12th	56,221	10,214
Ungraded (must 18 or older)	7,544	1,368

## Transition Age Students with Disabilities (High School)

Grade	Statewide	Wayne RESA
9th	15,299	2,911
10th	14,678	2,731
11th	13,331	2,252
12th	12,913	2,320

# Transition Across the Years

- **It's important to start thinking about transition during elementary and middle school in order to better prepare for high school and beyond.**
- **Elementary and Middle School offers opportunities to build competence, learn social skills, and foster independence.**
- **For students with a disability, it's thinking about goals for the future in the areas of education, employment and adult living, in order to have the right plans in place leading to their postsecondary goals.**



# Improving Educational Planning and Achievement for All Students

- **The Michigan Merit Curriculum (MMC) legislation states:**
  - **“The board of a school district or board of directors of a public school academy shall ensure that each pupil in Grade 7 is provided with the opportunity to develop an educational development plan, and that each pupil has developed an educational development plan before he or she begins high school.”**

MCL 380.1278 b (11)



# Improving Educational Planning and Achievement for All Students

- Improving the achievement of all students means improving the education planning for all students.
- The first step in developing an individualized approach to learning starts with the Educational Development Plan (EDP).
- By 9<sup>th</sup> grade



# Essential Elements for EDPs

- 1. Personal Information
- 2. Career Goal(s)
- 3. Educational/Training Goal(s)
- 4. Assessment Results
- 5. Plan of Action
- 6. Parent Consultation/Endorsement  
–(under age 18)



# **The EDP and the IEP: Both Based on Learning and Student's Perspective**

**Who am I? Where am I going? How do I get there?**

- **Identifying values, temperament, and desired adult lifestyle.**
- **Exploring talents, likes and dislikes through interest inventories, hobbies and experiences with subjects in school.**
- **Experiencing real-work through field trips, volunteer work, part-/full-time jobs, interviewing various workers, tours, job shadowing and mentoring**



**Michigan Merit Curriculum  
High School Graduation Requirements  
(18 credits)**

**ENGLISH LANGUAGE ARTS (ELA) - 4 Credits**

Proficiency in State Content Standards for ELA (4 credits)

**MATHEMATICS - 4 Credits**

Proficiency in State Content Standards for Mathematics (3 credits)  
Proficiency in district approved 4<sup>th</sup> mathematics credit options (1 credit)  
(Student must have a math experience in their final year of high school.)

**ONLINE LEARNING EXPERIENCE**

Course, Learning or Integrated Learning Experience

**PHYSICAL EDUCATION & HEALTH - 1 Credit**

Proficiency in State Content Standards for Physical Education and Health (1 credit); **Or**  
Proficiency with State Content Standards for Health (1/2 credit) and district approved extra-curricular activities involving physical activities (1/2 credit)

**SCIENCE - 3 Credits**

Proficiency in State Content Standards for Science (3 credits); **Or beginning with the class of 2015:**  
Proficiency in some State Content Standards for Science (2 credits) **and** completion of a department approved formal career and technical education program (1 credit)

**SOCIAL STUDIES - 3 Credits**

Proficiency in State Content Standards for Social Studies (3 credits)

**VISUAL, PERFORMING AND APPLIED ARTS - 1 Credit**

Proficiency in State Content Standards for Visual, Performing and Applied Arts (1 credit)

**WORLD LANGUAGE - 2 Credits**

*(Effective beginning with students graduating in 2016)*

Formal coursework OR an equivalent learning experience in grades K-12 (2 credits); **Or**  
Formal coursework or an equivalent learning experience in grades (1 credit) **and** completion of a department approved formal career and technical education program **or** an additional visual, performing and applied arts credit (1 credit)



# High School Information

## MDE

- [http://www.michigan.gov/mde/0,4615,7-140-28753\\_38924---,00.html](http://www.michigan.gov/mde/0,4615,7-140-28753_38924---,00.html)

or <http://bit.ly/2kn2tU8>

## Personal Curriculum

- [http://www.michigan.gov/mde/0,1607,7-140-6530\\_30334\\_49879---,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_30334_49879---,00.html)

or <http://bit.ly/2lr7c8p>



# EDP and IEP

- During the EDP process, students identify education, pathway and career goals in planning for the courses they will take.
- For students receiving special education, the EDP may fulfill some of the IDEA requirement to identify:
  - Postsecondary goals
  - Provide transition services
  - Identify courses of study.
- The EDP and IEP outlines the “academic course of study.”
- The IEP also identifies the supports, accommodations, and services that are necessary to support the student’s success toward the EDP goals.



# Certificate

- **A high school diploma signifies a student has completed his/her high school career, taken and passed required courses, mastered the required academic standards, and met other graduation requirements.**
- **Some students find the diploma an unrealistic goal due to the rigor and extensive requirements of the MMC. They may will their school career with some type of certificate of completion or possibly move into some type of post-high school programming.**
- **A certificate of completion is not an academic credential and there are no state course or grade requirements necessary to earn a certificate of completion.**
- **The decision of whether a student is working toward a diploma or a Certificate of Completion should be made by a planning committee, including parent and student, held before a student enters high school and reviewed after entrance.**



# Best Practice: Example Course of Study

## Post-Secondary Goal: Certificate of Completion

Year:	Year:	Year:	Year:
<b>Functional Academics:</b> Math English/Language Arts Listening/Speaking	<b>Daily Living Skills:</b> Grooming/Hygiene Personal Safety Life Skills	<b>Community Skills:</b> Social Behavior Community Resources Recreation/Leisure Communication Skills	<b>Career Exploration</b> Work Related Training Future Living, Working



# Preparing to Achieve Postsecondary Goals

## How do they leave?

- **Graduate with a diploma**
- **Exit with a local certificate**
- **Ineligible (exit from special education)**
- **Age-out**
- **Dropout**



# Age of Majority

## Age of Majority in Michigan Student Information

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In Michigan, the law states that you become a legal adult when you turn 18 years old. This means that you have reached the age of majority. All rights covered by state and federal legislation automatically transfer to you. As a student with an individualized education program (IEP), on or before your 17th birthday, you and your parents must be given information regarding this transfer of rights. If you feel uncomfortable making decisions on your own, you may choose an advocate (someone who will speak on your behalf) to assist you with your educational transition plans.

### Your Educational Rights Include:

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- The right to attend any IEP held about you.
- The right to give your permission before any type of evaluation or testing is done, before any changes in your IEP can be made, or before your school records can be sent to any outside agency as described in the Family Educational Rights and Privacy Act (FERPA). For information on FERPA, contact your building principal. You must consent by signature (signing your name to a legal document) before any of these can occur. You must be told that you have choices, that you can change your mind, and what the consequences of those decisions are if you do not change your mind.
- The right to give consent for the three-year re-evaluation for continuing special education services. (Before any evaluations or testing are done, you also have the right to express your opinion about any possible tests being discussed, have your questions answered before agreeing to anything, and then have that information included in the process).
- The right to a continuum of services and consideration of all possible options.
- The right to access (see and review) your school records and the right to disagree with any information you may feel is inaccurate (not true) or violates your rights.
- The right to disagree with any decisions made by the IEP team.

### Your Rights during Evaluation/Testing Include:

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- The right not to be discriminated against on the basis of race, language, or cultural background (basic rights of all citizens).
- The right to tell evaluators about your disability, as well as your strengths and abilities.
- The right to have your parent's (or advocate's) input.
- The right to an interpreter or translator, if needed.
- The right to have tests conducted by someone familiar with your type of disability.
- The right to have all information shared with you when all testing is completed.



# What IDEA Says:

- *“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”.*



# Summary of Performance\*

Report Date: \_\_\_\_\_

*This model form is compliant with 34 CFR §300.305(e)*

Student Name: _____ Birthdate: _____ Student ID#: _____
Resident District: _____ Grade: _____
Student's Primary Disability: _____ Secondary Disability: _____
Anticipated Exit Date: _____

**Summary of academic achievement and functional performance (reviewed and updated from most recent IEP):**

**Student's post-secondary goals: (from IEP)**

**Accommodations used to achieve success in high school:**

**Modifications used to achieve success in high school:**

**Assistive Technology used to achieve success in high school:**

**Recommendations to meet post-secondary goals:**

Employment:

Post-Secondary Education:

Independent Living Skills:

Prepared by: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Some Things Seem to Be Very Clear

- Schools cannot substitute alternative curriculum and count achievement within that curriculum towards the 18 credit requirements.
- Schools cannot reduce the number of credits.
- The IEP supports but does not alter the graduation requirements.
- No such thing as a modified diploma.
- Personal curriculum can help.
- Districts can issue certificates but they do not end FAPE.



# Transition Compliance B-13



# Indicator 13

- Percent of youth with IEPs aged 16 and above with an IEP that includes *appropriate measurable postsecondary goals* that are *annually updated* and based upon an *age appropriate transition assessment, transition services, including courses of study*, that will reasonably enable the student to meet those postsecondary goals, and *annual IEP goals* related to the student's transition services needs.
- There also must be *evidence that the student was invited to the IEP Team meeting* where transition services are to be discussed and evidence that, if appropriate, *a representative of any participating agency was invited* to the IEP Team meeting with the *prior consent of the parent or student who has reached the age of majority.* (20 U.S.C. 1416(a)(3)(B))



## Compliance Checklist for Secondary Transition

The State Performance Plan (SPP) is a required element of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. States must provide data for specific performance indicators. SPP Indicator 13 deals with secondary transition and specifically requires data collection on: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be documentation that the student was invited to the IEP Team meeting where transition services are to be discussed and documentation that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

Federal Compliance				
Item #	Requirement	Yes	No	N/A
1	Is there evidence that the student was invited to the IEP Team meeting where transition services were discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Is there evidence of prior consent of the parent or student, who has reached the age of majority, to invite an agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Is there evidence that, if appropriate, a representative of any participating agency [that is likely to be responsible for providing or paying for transition services] was invited prior to the IEP Team meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4a	Is there evidence of a postsecondary goal that is based on age appropriate transition assessment(s) for <b>training</b> *?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4b	Is there evidence of a postsecondary goal that is based on age appropriate transition assessment(s) for <b>education</b> *?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4c	Is there evidence of a postsecondary goal that is based on age appropriate transition assessment(s) for <b>employment</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4d	Is there evidence of a postsecondary goal that is based on age appropriate transition assessment(s) <b>and independent living skills, where appropriate</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5a	Does the IEP include an appropriate measurable postsecondary goal in the area of <b>training</b> *?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5b	Does the IEP include an appropriate measurable postsecondary goal in the area of <b>education</b> *?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5c	Does the IEP include an appropriate measurable postsecondary goal in the area of <b>employment</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5d	Does the IEP include an appropriate measurable postsecondary goal <b>and independent living skills, where appropriate</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Are the postsecondary goals updated annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Does the IEP include transition services that will reasonably enable the student to meet his or her postsecondary goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Does the IEP include courses of study that will reasonably enable the student to meet his or her postsecondary goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Are there annual IEP goals related to the student's transition services needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Is there evidence that the student's needs, taking into account their strengths, preferences, and interests, were considered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*\*If postsecondary training and education goals are combined into one goal that meets the United States Department of Education, Office of Special Education Programs guidelines, mark yes for each. Please see the instructions for completing this document to determine whether training and education may be combined into one goal.*

# QUESTION 1

**1. Is there documentation that the student was invited to the IEP Team meeting where transition services were discussed?**

Yes

No



Notice Date: \_\_\_\_\_

**Regarding:**

<b>Student</b>	Last:	First:	M:	Sfx:	ID:
School:	Disability:		Grade:	Birth Date:	

<b>Parent</b>	Last:	First:	M:	Relationship to Student:	
Address:		City:	State:	Zip:	

Dear: \_\_\_\_\_ Dear: \_\_\_\_\_

Parent/Guardian/Surrogate

Student

Dear: \_\_\_\_\_

Agency Representative

You are invited to a meeting on: \_\_\_\_\_ at \_\_\_\_\_

Date

Time

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip

**Purpose of Meeting:**

A.  **A Review of Existing Evaluation Data (REED) Meeting** to review existing data and develop an evaluation plan in order to determine if the student is eligible/continues to be eligible for special education programs and services. Your input is important and your consent is required. If you are unable to attend, the results will be mailed to you for your review and approval.

If no additional evaluations are needed to determine that the student is eligible for special education programs and services an IEPT meeting will also be held at this time, if you agree.

B.  **A Multidisciplinary Evaluation Team (MET) Meeting** to review evaluation results and recommend eligibility.

C.  **An Individualized Education Program Team (IEPT) Meeting:** (Initial, Annual or Reeval must be checked. Check all others that apply)

Check all that apply:  Initial IEP  Annual IEP  Reevaluation/Three Year IEP

Check all others that apply:  Graduation or Age 26  Transition  Other \_\_\_\_\_

Add/Remove/Change  Behavior Review

D. Other:

<input type="checkbox"/> <b>An Individualized Family Service Plan (IFSP) Meeting</b>	<input type="checkbox"/> <b>A Nonpublic Services Plan (NSP) Meeting</b>
<input type="checkbox"/> <b>A Manifestation Determination Review (MDR)</b>	<input type="checkbox"/> <b>An Interim Alternative Educational Setting (IAES) Meeting</b>

The following individuals have been invited to this meeting:

_____ <b>STUDENT (required for transition IEP)</b>	_____ <b>SPECIAL EDUCATION PROVIDER (required)</b>
_____ <b>SCHOOL DISTRICT REP. (required for transition IEP)</b>	_____ <b>GENERAL EDUCATION TEACHER (required if student is or will be participating in general education)</b>
_____ <b>MET/EVALUATION DATA REP. (required for transition IEP)</b>	_____ <b>AGENCY REPRESENTATIVE</b>
_____ OTHER/TITLE	_____ OTHER/TITLE
_____ OTHER/TITLE	_____ OTHER/TITLE

You and the school district may invite individuals who have knowledge or special expertise regarding the student to the meeting, including a representative of your resident district if the student attends a program operated by another school district. If you have not previously been contacted or if you have any questions, a representative of the school district will explain the purpose of this meeting and the roles and responsibilities of each participant.

If some reason this time and/or place is not acceptable to you or you are unable to attend the meeting, please contact me and we can make other arrangements. Please contact me if you need an interpreter or translator at the meeting.

Sincerely,

\_\_\_\_\_ NAME/TITLE

\_\_\_\_\_ TELEPHONE NUMBER

## QUESTION 2

**2. Is there documentation of prior consent of the parent or student, who has reached the age of majority, to invite an agency?**

Yes

No

N/A



# QUESTION 2

Response must be YES or NA for compliance.

**For compliance:**

**To meet IDEA requirements:**

- Documentation that, if **any** agency likely to pay or provide for transition services **is** to be invited, a request for consent was provided to the parent or student, who has reached age of majority.
- Documentation that, if **any** agency likely to pay or provide transition services **was** invited, that written consent was provided by the parent, or student who has reached age of majority.



# Question 2

**If NA,**

**Documentation that the member district determined that an outside agency was not likely to provide or pay for services at this time. Explain the reason for not inviting to the upcoming IEP. (See Transition Plan and PLAAFP)**

**Documentation that the parent, or student who has reached age of majority, denied consent or did not respond to requests for consent.**



**CONSENT TO INVITE AGENCY REPRESENTATIVES**

Name: \_\_\_\_\_ Student: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ ID: \_\_\_\_\_  
State: \_\_\_\_\_ School: \_\_\_\_\_  
Zip: \_\_\_\_\_

Dear \_\_\_\_\_  
Parent/Guardian/Student (At Age of Majority)

As we have discussed, \_\_\_\_\_'s IEP is scheduled for \_\_\_\_\_.  
During the IEP meeting, we will be discussing transition from school to adult life. To assist in planning for the future after completing school, we would like to invite a representative from an agency or agencies that would be likely to provide or pay for transition services. Before a representative may be invited, your written consent is required.

Please complete the form below and return it to school no later than \_\_\_\_\_,  
so that we may invite the necessary agency or agencies to the meeting.

An official invitation to the meeting will be sent to you in the near future.

If you have any questions about this, you may contact me.

A brief list or description of the services offered by the agency or agencies is listed below.

Thank you.

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Name of Agency:	List of Description of Agency Services:
_____	_____
_____	_____

I give permission to invite a representative from the agency/agencies listed above to the IEP meeting.

I do not give permission to invite a representative from the agency/agencies listed above to the IEP meeting.

\_\_\_\_\_  
Signature of Parent/Guardian/Student (@ Age of Majority) \_\_\_\_\_ Date Signed

SECONDARY TRANSITION SERVICES		
Needed Transition Services and Activities Related to Student's Postsecondary Goals and Present Level of Academic Achievement and Functional Performance.	Agency/Title of Person Responsible	Expected Completion Date
<ul style="list-style-type: none"> <li>■ All areas below must be considered.</li> <li>■ Describe needed services/activities in at least ONE area.</li> <li>■ Describe responsibilities of each participant.</li> </ul>		
<input type="checkbox"/> <b>Instruction</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Related Services (community based)</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Community Experiences</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Development of Employment</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Other Post-School Adult Living Objectives</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Acquisition of Daily Living Skills (when appropriate)</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Functional Vocational Evaluation (when appropriate)</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		

**AGENCY REPRESENTATION**

A representative from any other agency likely to be responsible for providing or paying for transition services must be invited to attend each IEPT meeting. NOTE: Consent is required prior to each IEPT meeting when inviting agency representatives.

- There was NO need to invite a community agency representative.
- There was a need to invite a community agency representative likely to provide or pay for transition services.

<input type="checkbox"/> Consent was obtained	Date: _____	
<input type="checkbox"/> Consent was NOT obtained?	Reason: _____	
Did the community agency representative attend the IEPT?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: If the designated agency fails to provide the recommended service(s), the public agency responsible for the student's education shall call a meeting to identify alternative strategies and, if necessary, revise the IEP.

# QUESTION 3

**3. Is there documentation that, if appropriate, a representative of any participating agency (that is likely to be responsible for providing or paying for transition services) was invited prior to the IEP Team meeting?**

Yes  No  N/A



Notice Date: \_\_\_\_\_

**Regarding:**

<b>Student</b>	Last: _____	First: _____	M: _____	Sfx: _____	ID: _____
School: _____	Disability: _____		Grade: _____	Birth Date: _____	

<b>Parent</b>	Last: _____	First: _____	M: _____	Relationship to Student: _____	
Address: _____		City: _____		State: _____	Zip: _____

Dear: \_\_\_\_\_ Dear: \_\_\_\_\_

Parent/Guardian/Surrogate

Student

Dear: \_\_\_\_\_

Agency Representative

You are invited to a meeting on: \_\_\_\_\_ at \_\_\_\_\_

Date

Time

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip

**Purpose of Meeting:**

A.  **A Review of Existing Evaluation Data (REED) Meeting** to review existing data and develop an evaluation plan in order to determine if the student is eligible/continues to be eligible for special education programs and services. Your input is important and your consent is required. If you are unable to attend, the results will be mailed to you for your review and approval.

If no additional evaluations are needed to determine that the student is eligible for special education programs and services an IEPT meeting will also be held at this time, if you agree.

B.  **A Multidisciplinary Evaluation Team (MET) Meeting** to review evaluation results and recommend eligibility.

C.  **An Individualized Education Program Team (IEPT) Meeting:** (Initial, Annual or Reeval must be checked. Check all others that apply)

Check all that apply:  Initial IEP  Annual IEP  Reevaluation/Three Year IEP

Check all others that apply:  Graduation or Age 26  Transition  Other

Add/Remove/Change  Behavior Review

D. Other: \_\_\_\_\_

<input type="checkbox"/> <b>An Individualized Family Service Plan (IFSP) Meeting</b>	<input type="checkbox"/> <b>A Nonpublic Services Plan (NSP) Meeting</b>
<input type="checkbox"/> <b>A Manifestation Determination Review (MDR)</b>	<input type="checkbox"/> <b>An Interim Alternative Educational Setting (IAES) Meeting</b>

The following individuals have been invited to this meeting:

_____ <b>STUDENT (required for transition IEP)</b>	_____ <b>SPECIAL EDUCATION PROVIDER (required)</b>
_____ <b>SCHOOL DISTRICT REP. (required for transition IEP)</b>	_____ <b>GENERAL EDUCATION TEACHER (required if student is or will be participating in general education)</b>
_____ <b>MET/EVALUATION DATA REP. (required for transition IEP)</b>	_____ <b>AGENCY REPRESENTATIVE</b>
_____ OTHER/TITLE	_____ OTHER/TITLE
_____ OTHER/TITLE	_____ OTHER/TITLE

You and the school district may invite individuals who have knowledge or special expertise regarding the student to the meeting, including a representative of your resident district if the student attends a program operated by another school district. If you have not previously been contacted or if you have any questions, a representative of the school district will explain the purpose of this meeting and the roles and responsibilities of each participant.

If some reason this time and/or place is not acceptable to you or you are unable to attend the meeting, please contact me and we can make other arrangements. Please contact me if you need an interpreter or translator at the meeting.

Sincerely,

\_\_\_\_\_  
NAME/TITLE TELEPHONE NUMBER

# Outside Agency Review

- **Not all students require agency**
- **Document on IEP the reason that agency is not needed**
- **If agency is like to provide/pay for transition services then get consent to invite and invite the agency**
- **On invitation name the agency and person or title if known**



# Discussion Time

## POSTSECONDARY

What does it mean?



# QUESTION 4

4 (a, b, c, d) Is there documentation of a postsecondary goal that is based on age appropriate transition assessment(s) for each of the following?

- **training\***,       Yes       No
- **education\***,       Yes       No
- **employment**,       Yes       No
- **and independent living skills, where appropriate,**  
 Yes       No       N/A



**TRANSITION PLAN ATTACHMENT**

Required for students 16 years of age during IEP year (consider at a younger age if determined appropriate by the IEP team)

**Parental Rights and Age of Majority (Check all applicable)**

- If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- If the student has turned age 18, the student and parent were informed of the parental rights that transferred to the student at age 18.
- The student has turned age 18 and a legally designated representative has been appointed (e.g., power of attorney, guardian, etc.). The representative is: \_\_\_\_\_

**STUDENT'S POSTSECONDARY GOALS**

**Data sources:**

- Required Transition Assessment**  
 Assessment Tool: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_
- EDP Date** \_\_\_\_\_
- Other:** \_\_\_\_\_

**IEPT meeting attendance:**

- The student attend the IEPT meeting**
- The student did not attend the IEPT meeting**  
 If the student did not attend the IEPT meeting, describe the steps taken to ensure consideration of the student's strengths, preferences, and interests:  
 \_\_\_\_\_

**Training:** For example, after school completion, what additional training will you need? (Vocational program, job training, certification, apprenticeship, etc.)

**Education:** For example, after school completion, what additional education will you need? (Continuing adult education, college, certification programs, etc.)

**Employment:** For example, after school completion, what will be your job?

**Independent Living (when appropriate):** For example, after school completion, how will you participate in your community? (Living, activities, social, recreation, etc.)

**COURSE(S) OF STUDY**

- Check one:
- Michigan Merit Curriculum leading to a High School diploma
  - Course(s) of study leading to a certificate of completion
- OR \_\_\_\_\_

Comments:  
 \_\_\_\_\_

School Year	Age or Grade	Describe How Course(s) of Study Support Student's Postsecondary Goal(s)

Anticipated graduation or completion date: \_\_\_\_\_

## QUESTION 5

**5 (a, b, c, d) Does the IEP include an appropriate measurable postsecondary goals in the area of:**

**training\***                       Yes    No

**education\***                       Yes    No

**employment**                       Yes    No

**and independent living skills , where  
appropriate**                       Yes    No    N/A



# WHAT IF?

**...a student has a very severe disability and/or is unable or unwilling to communicate his/her postsecondary goals**

- Teachers can use information based on observations, visual transition assessments, specific transition assessments (like ESTR), parent interviews, and general knowledge about the student's strengths, preferences, and interests to help develop appropriate postsecondary goals.**
- Use the PLAAFP to Explain Circumstances/Data**

**Remember:**

**Postsecondary goals are individualized.**

**Each student's vision for his or her life will be different!**



# DIGGING DEEPER!

**We should not accept a “none” or “don’t know” response from a student. Help them think it through.**

**Help them try to explore their options in training, education, employment, and independent living.**

**If needed, keep it general and refine later. “After exiting school, John will get a job”**

**Must be based on documented information about the student.**



# Should There Be A Measurable Postsecondary Goal In Each Area?

Yes, definitely for three areas! Possibly NA for Independent Living.

- Training/Education can be combined into one all-inclusive goal or two separate goals
  - (Don't leave a box empty on Transition Form)
- Employment
- Independent living (Where appropriate)



# APPROPRIATE?

**The school and parent are responsible for helping the student develop “appropriate” post secondary goals.**

**Question: How does the IEP team know what is “appropriate” for the student?**

- PLAAFP**
- Transition and other assessment results**
- Student’s strengths, preferences and interests**
- Parent, caregiver, staff input**
- Observations**
- Other Methods?**



# Example: 3 Separate Goals

## 1. Education

After high school, I will take agricultural study courses at Cornville Community College.

## 2. Training

After high school, I will get on the job training to become a farmer on my family's farm.

## 3. Employment

After high school, I will work full time as a farmer on my family's farm.



# Example: 2 Separate Goals

## Training/Education

After high school I will get on the job training on my family's farm to become a farmer.

## Employment

After high school I will work full time as a farmer on my family's farm.



## Example: Independent Living (where appropriate)

**After high school, I will live with a roommate in an apartment.**



# REMEMBER!

# “WILL”



# QUESTION 6

6. Are the postsecondary goals updated annually?

Yes

No



# QUESTION 7

**7. Does the IEP include transition services that will reasonably enable the student to meet his or her postsecondary goals?**

Yes

No



SECONDARY TRANSITION SERVICES		
Needed Transition Services and Activities Related to Student's Postsecondary Goals and Present Level of Academic Achievement and Functional Performance. <ul style="list-style-type: none"> <li>■ All areas below must be considered.</li> <li>■ Describe needed services/activities in at least ONE area.</li> <li>■ Describe responsibilities of each participant.</li> </ul>	Agency/Title of Person Responsible	Expected Completion Date
<input type="checkbox"/> <b>Instruction</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Related Services (community based)</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Community Experiences</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Development of Employment</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Other Post-School Adult Living Objectives</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Acquisition of Daily Living Skills (when appropriate)</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		
<input type="checkbox"/> <b>Functional Vocational Evaluation (when appropriate)</b>  <input type="checkbox"/> <b>Considered, none needed. Explain:</b> _____		

**AGENCY REPRESENTATION**

A representative from any other agency likely to be responsible for providing or paying for transition services must be invited to attend each IEPT meeting. NOTE: Consent is required prior to each IEPT meeting when inviting agency representatives.

**There was NO need to invite a community agency representative.**

**There was a need to invite a community agency representative likely to provide or pay for transition services.**

<input type="checkbox"/> <b>Consent was obtained</b>	<b>Date:</b> _____
<input type="checkbox"/> <b>Consent was NOT obtained?</b>	<b>Reason:</b> _____

**Did the community agency representative attend the IEPT?**  YES  NO

Note: If the designated agency fails to provide the recommended service(s), the public agency responsible for the student's education shall call a meeting to identify alternative strategies and, if necessary, revise the IEP.



# Remember: Transition Services

- Be sure services/activities address identified Measurable Postsecondary Goals and identified needs
- **Transition Services are intended to be those services the DISTRICT offers to the student, while the current IEP is in effect, to support movement to his/her postsecondary goals**
- Must address at least one service area with an activity, but strongly recommend having more to be sure to address each measurable postsecondary goal
- All areas should be addressed
- When filling out the Transition Plan Responsible Column, consider people by title, the student, the school, and, possibly, agencies. (Example: MRS, Parent, School Staff, Student)

NOTE: On the Transition Plan, the Expected Completion date is not a requirement. It just helps focus the **current** IEP implementation.



# QUESTION 8

**8. Does the IEP include courses of study that will reasonably enable the student to meet his or her postsecondary goals?**

**Yes**     **No**



# QUESTION 8

Response must be YES for compliance

## For compliance

To meet IDEA requirements:

The documented courses of study (Michigan Merit Curriculum or curriculum based on alternate achievement standards) enables the student to achieve his or her postsecondary goals.

If the student is working toward a Certificate of Completion or has a Personal Curriculum, the courses must be listed on file with the district.

## Noncompliance

- No courses of study documented.
- The documented courses of study do not enable the student to achieve his or her postsecondary goals.

Example: Student wants to be a doctor, but is in a non-diploma course of study.



# QUESTION 9

**9. Are there annual IEP goals related to the student's transition services needs?**

**Yes**

**No**



# What Are Annual IEP Goals and Short Term Objectives?

- **These are IEP statements that define the measurable progress that is to be achieved within an annual IEP timeframe.**
- **Goal areas may include reading, math, writing, pre-vocational, career specific, affective, speech and language, etc.**
- **The goals and short terms objectives address identified student needs and are to designed to assist the student to eventually be successful in achieving his/her post-secondary goals.**
- **A measurable annual goal must identify a skill or behavior to be achieved, current levels of skill, a target for achievement, a method of measurement, all of which can be found in the goal itself or in other areas of the IEP.**



# Example

**Joe is a child with a learning disability in math computation. His measurable postsecondary goal in education/training is to attend a technical institute to become a carpenter. An example of a measurable annual IEP goal for this child that links with the transition plan could be:**

**By June 2019, when given computation problems in fractional numbers with differing denominators, Joe will be able to compute the correct answer in 5 out of 5 trials as documented by teacher record.**



# Explanation

**Joe has a disability that impacts his achievement in math and he will need to learn how to do fractional math problems as a carpenter.**

**Improving these math skills will aid him in reaching his postsecondary employment goal to become a carpenter.**

**Improving these math skills will possibly aid him in achieving his training and education postsecondary goal(s), as well.**



# Goal Rubric

Currently, [the student's name] is at [provide student's current level of functioning]

---

---

By [date timeline for completion]

---

---

The student will [demonstrate measureable/observable target skill]

---

---

When/at [detailed condition that needs to be present/specific criteria that indicates the degree or level to which the will perform]

---

---

On assessment, [identify how the progress will be monitored, measured and documented]

---

---

Which will occur [provide the schedule when the evaluation will occur]

---

---



# QUESTION 10

**10. Is there evidence that the student's needs, taking into account their strengths, preferences and interests, were considered?**

**Yes**     **No**



# QUESTION 10

Response must be YES for compliance with IDEA standards.

## For compliance

To meet IDEA requirements:

- Documentation that the student attended and participated in the IEP Team meeting.
- Documentation within the IEP that the student's strengths, preferences, and interests were considered if he or she was not in attendance.



# QUICK LOOK AT MICHAEL



# Michael's PLAAFP Summary

- **SLD- math, oral expression, listening comprehension**
- **Issue with assignment completion- late or never**
- **Behavioral difficulties- insubordination, poor peer, excessive tardy to class**
- **Doesn't understand disability**
- **Needs extra time on assignments, tests, needs calculator**



# Transition Assessment Results from PLAAFP

**Impact: Michael is unclear about potential medical careers and appropriate colleges. During the interview, Michael stated that he wants to get a driver's license and find a part-time job to help with household expenses. He also realizes he needs work experience and help with managing his earnings.**

**After the STAT and interview, Michael's teachers felt that inviting MRS to the IEP would be a good idea, but he and his mother decided to wait until the next IEP.**



# Transition Assessments: Resulting Needs

- **Research medical careers**
- **Investigate college entrance requirements**
- **Learn the driver's training process**
- **Learn independent living skills: banking shopping, money management, apartment living, etc.**
- **Improve work skills to support competitive employment**
- **Explore part time job opportunities**



# Michael's MPSGs

- **After completing high school, I will attend medical school at State University.**
- **After completing high school, I will attend medical school at State University.**
- **After completing high school , I will have some type of job in the medical field.**
- **After completing high school, I will live on my own in an apartment in my current hometown.**



# Possible Annual IEP Goal Areas?

- **Math**
- **Listening Comprehension**
- **Affective/Behavioral**
- **Study Skills**
- **Oral Expression**
- **Personal Awareness**
- **Independent Adult and Living Skills**
- **Career Exploration**
- **Work Skills**
- **Others?**



# Annual Goal addressing MPSG Example

**Michael is a child with a learning disability in math computation, and has a measurable postsecondary goal in education to attend a university for a medical career.**

**An example of a measurable annual IEP goal for him that links with the transition plan could be:**

**Currently, when given a two-step word problem from his Algebra text, Michael can decode the steps required to complete the problem and solve with 65% accuracy as measured by class work and tests.**

**By June 7, 2019, when given a two-step word problem from his Algebra text, Michael will decode the steps required to complete the problem and solve with 80% accuracy as measured by class work and tests.**



# Explanation

**Michael has a disability that impacts his achievement in math and he will need to improve his math skills to aid him in reaching his postsecondary employment goal of a career in the medical field.**

**Improving these math skills will possibly aid him in achieving his training and education postsecondary goals, as well.**



## TRANSITION PLAN ATTACHMENT

Required for students 16 years of age during IEP year (consider at a younger age if determined appropriate by the IEP team)

Parental Rights and Age of Majority (Check all applicable)

- If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- If the student has turned age 18, the student and parent were informed of the parental rights that transferred to the student at age 18.
- The student has turned age 18 and a legally designated representative has been appointed (e.g., power of attorney, guardian, etc.). The representative is: \_\_\_\_\_

## STUDENT'S POSTSECONDARY GOALS

Data sources:

- Required Transition Assessment Date **September 19, 2018**
- EDP Date **May 10, 2018**
- Other: **Student Interview September 13, 2018**

IEPT meeting attendance:

- The student attended the IEPT meeting
- The student did not attend the IEPT meeting  
If the student did not attend the IEPT meeting, describe the steps taken to ensure consideration of the student's strengths, preferences, and interests:

Training: For example, after school completion, what additional training will you need? (Vocational program, job training, certification, apprenticeship, etc.) **After completing high school, I will attend medical school at State University**Education: For example, after school completion, what additional education will you need? (Continuing adult education, college, certification programs, etc.) **After completing high school, I will attend medical school at State University.**Employment: For example, after school completion, what will be your job? **After completing high school, I will have some type of job in the medical field.**Independent Living (when appropriate): For example, after school completion, how will you participate in your community? (Living, activities, social, recreation, etc.) **After completing high school, I will live on my own in an apartment in my current hometown.**

## COURSE(S) OF STUDY

Check one:

- Michigan Merit Curriculum leading to a High School diploma
- Course(s) of study leading to a certificate of completion
- OR \_\_\_\_\_

Comments:

--

School Year	Age or Grade	Describe How Course(s) of Study Support Student's Postsecondary Goal(s)
2018-19	11	Courses for high school are aligned for achieving a high school diploma. Emphasis on science, mathematics, and daily living will support his postsecondary goals

Anticipated graduation or completion date: **June 2020**

**SECONDARY TRANSITION SERVICES**

Needed Transition Services and Activities Related to Student's Postsecondary Goals and Present Level of Academic Achievement and Functional Performance. ■ All areas below must be considered. ■ Describe needed services/activities in at least ONE area. ■ Describe responsibilities of each participant.	Agency/Title of Person Responsible	Expected Completion Date
<input checked="" type="checkbox"/> <b>Instruction</b> Participate in credit recovery program Research medical school admission requirements Learn about money and time management  <input type="checkbox"/> Considered, none needed. Explain: _____	HS, Student, parents	June 2019
<input checked="" type="checkbox"/> <b>Related Services (community based)</b> Identify community mental health agencies Research potential funding sources for college  <input type="checkbox"/> Considered, none needed. Explain: _____	Student, HS counselor, SE teacher	June 2019
<input checked="" type="checkbox"/> <b>Community Experiences</b> Join local youth club at church Volunteer at local health clinic  <input type="checkbox"/> Considered, none needed. Explain: _____	Student, parents	June 2019
<input checked="" type="checkbox"/> <b>Development of Employment</b> Interview medical staff at clinic Investigate services from Michigan Rehabilitation Services (MRS) O*Net and Career Cruising to research medical careers, including needed education, licenses, and employment outlook Look for part time job  <input type="checkbox"/> Considered, none needed. Explain: _____	Student, HS SE and GE Teachers, parents	June 2019
<input checked="" type="checkbox"/> <b>Other Post-School Adult Living Objectives</b> Open a bank account. Learn about getting Driver's License Learn about renting and living in an apartment  <input type="checkbox"/> Considered, none needed. Explain: _____	Student, parents, HS staff	June 2019
<input checked="" type="checkbox"/> <b>Acquisition of Daily Living Skills (when appropriate)</b> Help with shopping for home Learn about home expenses Set up personal budget  <input type="checkbox"/> Considered, none needed. Explain: _____	Student, SE and GE teacher, parents	June 2019
<input type="checkbox"/> Functional Vocational Evaluation (when appropriate)  <input checked="" type="checkbox"/> Considered, none needed. Explain: <b>IEPT determined not needed at this time</b>		

**AGENCY REPRESENTATION**

A representative from any other agency likely to be responsible for providing or paying for transition services must be invited to attend each IEPT meeting. NOTE: Consent is required prior to each IEPT meeting when inviting agency representatives.

- There was NO need to invite a community agency representative.
- There was a need to invite a community agency representative likely to provide or pay for transition services.

<input type="checkbox"/> Consent was obtained	Date: _____
<input type="checkbox"/> Consent was NOT obtained?	Reason: _____
Did the community agency representative attend the IEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

# CONTACT

**Larry Stemple**

**Wayne RESA**

**734 334 1541**

**[stempll@resa.net](mailto:stempll@resa.net)**

**Some Transition Resources:**

**<http://www.resa.net/specialeducation/transitionplanning/>**

**or <http://bit.ly/2mwV60I>**

