

TRANSITION PLAN

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 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 get? (Vocational program, job training, certification, apprenticeship, etc.)

Education: For example, after school completion, what additional education will you get? (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: _____

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"> ■ All areas below must be considered. ■ Describe needed services/activities in at least ONE area. ■ Describe responsibilities of each participant. 	Agency/Person Responsible	Expected Completion Date
<input type="checkbox"/> Instruction <input type="checkbox"/> Considered, none needed. Explain: _____		
<input type="checkbox"/> Related Services (community based) <input type="checkbox"/> Considered, none needed. Explain: _____		
<input type="checkbox"/> Community Experiences <input type="checkbox"/> Considered, none needed. Explain: _____		
<input type="checkbox"/> Development of Employment <input type="checkbox"/> Considered, none needed. Explain: _____		
<input type="checkbox"/> Other Post-School Adult Living Objectives <input type="checkbox"/> Considered, none needed. Explain: _____		
<input type="checkbox"/> Acquisition of Daily Living Skills (when appropriate) <input type="checkbox"/> Considered, none needed. Explain: _____		
<input type="checkbox"/> Functional Vocational Evaluation (when appropriate) <input type="checkbox"/> Considered, none needed. Explain: _____		

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.

Consent was obtained Date: _____
 Consent was NOT obtained? Reason: _____

Did the community agency representative attend the IEPT? YES NO