

Name _____

Date _____

Transition Planning Checklist

| Preferences | | | | |
|---|--------------------------|--------------------------|--------------------------|--|
| Checklist Items | Yes | No | | Comments |
| Course of Study | <input type="checkbox"/> | <input type="checkbox"/> | Required | 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"/> | Required | Give the name or description of the assessment(s) used. |
| Transition Assessment Results | <input type="checkbox"/> | <input type="checkbox"/> | Required | 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 is good at doing. |
| Interest | <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"/> | Required | 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, you do not have to list the area/field. |
| b) Employment | <input type="checkbox"/> | <input type="checkbox"/> | Required | Start with "After graduation, _____ will....". After that, tell what type of job or career the student will have. |
| c) Independent Living (as appropriate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>This section is optional. Only complete if the student needs to work on goals in the adult living skills or daily living skills section.</p> <p>Start with "After graduation, _____ will..."</p> <p>If not needed, leave it blank.</p> <p>If completed, you must write goals in the adult living skills or daily living skills section.</p> |
| (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"/> | Required | 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"/> | Required | 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 careerpathway knowledge and skills.) | | | | |
| Checklist Items | Yes | No | | Comments |
| Annual Transition Goals | <input type="checkbox"/> | <input type="checkbox"/> | Required | 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. |

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| Activities/Services | <input type="checkbox"/> | <input type="checkbox"/> | Required | 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. |
|---------------------|--------------------------|--------------------------|-----------------|--|

(Not a Required Section)

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 modes.)

| Checklist Items | Yes | No | | Comments |
|-------------------------|--------------------------|--------------------------|--|--|
| Annual Transition Goals | <input type="checkbox"/> | <input type="checkbox"/> | Required, if section is addressed | 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"/> | Required, if section is addressed | 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. |

(Because a Post-Secondary goal was written in Independent Living, this section is required if goals were NOT written in the Daily Living Skills section)

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"/> | Required, if section is addressed | 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"/> | Required, if section is addressed | 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. |

(Not a Required Section)

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"/> | Required, if section is addressed | 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"/> | Required, if section is addressed | 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. |

(Because a Post-Secondary goal was written in Independent Living, this section is required if goals were NOT written in the Adult Living Skills section)

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"/> | Required, if section is addressed | 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"/> | Required, if section is addressed | 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. |

November 9, 2015

Checklist adapted with permission from Dr. Jaquel Johnson.

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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"/> | Required | Required by age 17 |
| Student is able to make decisions pertaining to their IEP | <input type="checkbox"/> | <input type="checkbox"/> | Required | Required by age 18 |
| Meeting Notification Form | | | | |
| Checklist Items | Yes | No | Not Required | Comments |
| Student invited to IEP meeting | <input type="checkbox"/> | <input type="checkbox"/> | Required | 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. This is required if you invited an agency representative. |

November 9, 2015

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