|  |  |  |
| --- | --- | --- |
| **Student Name** | **Date of Birth      /     /** | **IEP Date      /     /** |

|  |  |
| --- | --- |
| Student Invited  Yes  No | If appropriate, and agreed upon, agencies invited  Yes  No  NA |

Describe how the student participated in the process  Present at meeting  Interview Prior

Interest Inventories  Questionnaire

Age-appropriate transition assessments/instruments were used  Yes  No

Describe the results of the assessments

**Student’s Post Secondary Goal Training or Education (Required)**

|  |  |
| --- | --- |
| Upon completion of school I will  Linked to Annual Goal #  Person/Agency Responsible | Transition Service Code as Appropriate  Activities to Support Post Secondary Goal  Community Experiences as Appropriate  Related Services as Appropriate |

**Student’s Post Secondary Goal Employment (Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Upon completion of school I will  Linked to Annual Goal #  Person/Agency Responsible | Transition Service Code as Appropriate  Activities to Support Post Secondary Goal  Community Experiences as Appropriate  Related Services as Appropriate |  |  |

**Student’s Post Secondary Goal Independent Living (As appropriate)**

|  |  |
| --- | --- |
| Upon completion of school I will  Linked to Annual Goal #  Person/Agency Responsible | Transition Service Code as Appropriate  Activities to Support Post Secondary Goal  Community Experiences as Appropriate  Related Services as Appropriate |

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|  |  |  |
| --- | --- | --- |
| **Student Name** | **Date of Birth      /     /** | **IEP Date      /     /** |

**District Graduation Requirements**

**Course of Study**

A multi-year description of student’s coursework from current year to anticipated exit year, in order to enable the student to meet their post secondary goal  Yes  No

Units/Credits Completed  Units/Credits Pending

**Student’s Course of Study leads to: (Select one option below)**

Certificate of Completion or Diploma Anticipated Completion Date **/     /**

|  |
| --- |
|  |

**Age of Majority**

On or before the student’s 17th birthday, he/she has been advised of rights at age of majority (age 18)

By whom  Date **/     /**

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.

|  |  |
| --- | --- |
| Is there an appropriate measurable post secondary goal(s) that covers education or training, employment, and, as needed, independent living. | Yes  No |
| Is the post secondary goal(s) addressed/updated in conjunction with development of the Annual IEP. | Yes  No |
| Are there transition services included in the IEP that will reasonably enable the student to meet his or her post secondary goals. | Yes  No |
| Are there annual goal(s) included in the IEP that are related to the student’s transition services needs. | Yes  No |

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