

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 _____

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: After high school, what additional training do you want? (Vocational program, or short term job training, or?)

Education: After high school, what additional education do you want? (Continuing adult education, or two or four year college, or?)

Employment: As an adult, what kind of work do you want to do?

Independent Living (when appropriate): As an adult, consider community participation (eating out, shopping, hobbies, churches, etc.). Where do you want to live? What will you do for transportation, 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/Title of Person Responsible	Expected Completion Date
<input type="checkbox"/> Instruction <input type="checkbox"/> N/A (explain) _____		
<input type="checkbox"/> Related Services (community based) <input type="checkbox"/> N/A (explain) _____		
<input type="checkbox"/> Community Experiences <input type="checkbox"/> N/A (explain) _____		
<input type="checkbox"/> Development of Employment <input type="checkbox"/> N/A (explain) _____		
<input type="checkbox"/> Other Post-School Adult Living Objectives <input type="checkbox"/> N/A (explain) _____		
<input type="checkbox"/> Acquisition of Daily Living Skills (when appropriate) <input type="checkbox"/> N/A (explain) _____		
<input type="checkbox"/> Functional Vocational Evaluation (when appropriate) <input type="checkbox"/> N/A (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.

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

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.