

IEP – Transition Services Plan – Goals and Activities Page

(Beginning not later than the first IEP developed during the student’s ninth grade year, or upon turning 16 years of age, whichever occurs first)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Postsecondary Goal(s): _____

Annual Transition Goals

Provide measurable annual transition goals to assist the young adult in working toward their postsecondary goal(s). The annual transition goal(s) must include academic and functional goals to enable the young adult to be involved in and make progress in the general education curriculum and in community experiences. For a young adult beginning with the first IEP developed during the student’s ninth grade year or upon turning 16 years of age, whichever occurs first, postsecondary goal(s) based upon age appropriate transition assessments related to education/training, employment, and where appropriate, independent living skills, and to meet other educational needs that result from the disability. **For young adults being taught to alternate achievement of the standards, include a minimum of two (2) short-term objectives or benchmarks for each annual goal.**

Education/Training Goal(s)	Short-Term Objectives/Benchmarks (as needed)

Coordinated Activities	Responsible Party(ies)

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)

How will the extent of progress toward annual goals be measured?	
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Employment Goal(s)	Short-Term Objectives/Benchmarks (as needed)

Coordinated Activities	Responsible Party(ies)

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)

How will the extent of progress toward annual goals be measured?	
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IEP – Transition Services Plan – Transition Goals/Course of Study

(Beginning not later than the first IEP developed during the student’s ninth grade year or upon turning 16 years of age, whichever occurs first.)

NAME OF CHILD: _____ STUDENT ID: _____
 FIRST MIDDLE LAST

Independent Living Goal(s) (if appropriate)	Short-Term Objectives/Benchmarks (as needed)												
Coordinated Activities	Responsible Party(ies)												
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Extent of progress toward achieving the annual transition goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).												
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DATE	DATE	DATE	DATE	DATE	DATE (ESY)								
How will the extent of progress toward annual goals be measured?													
Build a course of study, to be updated annually, to assist the young adult in achieving their postsecondary goal(s):													
Grade _____	Grade _____	Grade _____											
Grade _____	Grade _____	Projected date of graduation/program completion and type: _____ _____ <input type="checkbox"/> Standard Diploma <input type="checkbox"/> General Education Development (GED) <input type="checkbox"/> Other _____											
In planning the course of study, is information needed regarding opportunities for vocational education (e.g., high school vocational education courses, school-based training, work study programs, technology education, or area career technology center programs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document date(s) when information was provided to young adult and parent(s). Date: _____													
By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult’s school district. <input type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for the referral: _____ Date: _____ Name of the Vocational Rehabilitation Counselor: _____													
Have the young adult and parent(s) been provided a copy of the referral form? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why. _____ If yes, explain how. _____													
By age 17, have young adult and parent(s) been informed of any transfer of rights at age of majority? <input type="checkbox"/> Yes <input type="checkbox"/> No If no explain why: _____ Comments: _____													