

Secondary Transition Planning IEP Checklist*

Connecticut State Department of Education

Student: _____ SASID #: _____ Date of Birth: _____

Case Manager: _____ Annual Review Date: _____

***NOTE:** Refer to IEP Manual (<http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/IEPManual.pdf>) for specific instructions.

- ☐ **1. Student/Parents informed about secondary transition/IEP transition planning** [PA 12-173, §10-76d (8)(D)(iii)] (e.g., *Building a Bridge, IEP Manual*).
- ☐ **2. Student Success Plan:** Obtain a copy of the student's Student Success Plan to ensure that related information (i.e., career planning, academic goals) is coordinated between the two documents.
- ☐ **3. Reason for Meeting:** "Transition Planning" (IEP, Pg. 1, PPT Cover Page)
- ☐ **4. Student/Parent Input and Concerns** (Pg. 4/Present Levels of Academic Achievement and Functional Performance)
- ☐ **5. Present Levels of Performance (PLOP):** (Pgs. 4 & 5) – All areas should be viewed through a "transition lens" – What are the implications for each of the areas listed on pgs. 4 & 5 of the IEP with regard to a student's transition planning?
- ☐ **6. Present Levels of Performance (PLOP):** (Pgs. 4 & 5) – **MUST** be Annual Goal for **any** area with information under "Needs & Concerns" – Conversely, since there **MUST** be at least 2 transition Annual Goals, there **MUST** be information under "Needs & Concerns" for the Vocation/Transition row.
- ☐ **7. PLOP: Vocation/Transition row** **MUST** include transition assessment results and plain-language statement of current performance/skill level in column 1 (Pg. 5). Areas of "Needs and Concerns" **Must** also be filled in.
- ☐ **8. Age-Appropriate box:** (PLOP- Pgs. 4 & 5) – If this box is checked, please elaborate in the IEP regarding what is meant by "age-appropriate" for that category – What is "age-appropriate" to one person may not be "age-appropriate" to another person working with the same student. Please clarify.
- ☐ **9. Student is 16 or older and transition planning is required** (Pg. 6, #1) – Second box **MUST** be checked for any IEP in which the student has transition goals/objectives – regardless of age of student.
- ☐ **10. Student invited to PPT** (Pg. 6, #2)–Response **MUST BE** "YES" and invitation documenting that student was invited must be included in student file. Prefer student to have OWN invitation vs. being on Parent's invitation.
- ☐ **11. Name and date(s) of transition assessment(s)** completed prior to PPT, since last annual review: (Pg. 6, #3)
_____ **RESOURCE:** http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/Transition_Assessment_Manual.pdf
- ☐ **12. Agency Participation** (Pg. 6, #4a): Outside/participating agency involvement **MUST BE** considered. If no agency is invited to PPT: select "No, not appropriate" or "No, written consent not provided." **DO NOT** select "No, no outside agency was invited."
- ☐ **13. Attach signed consent forms** to IEP: (1) invite outside agency/exchange information & (2) release records.
- ☐ **14. Agency Participation** (Pg. 6, #4a): Adult service agency representative (such as Bureau of Rehabilitation Services/BRS, Department of Developmental Services/DDS, Bureau of Education Services for the Blind/BESB) invited to transition PPT (if appropriate). In addition to any other outside/participating agencies or professional.
- ☐ **15. Agency Participation** (Pg. 6, #4c): Identify services/linkages (e.g., websites, information) provided by outside agency.
- ☐ **16. Post-School Outcome Goal Statements (PSOGS)** (Pg. 6, #5a-c): Written in terms of what student will be doing **after** graduation. Postsecondary Education/Training **and** Employment PSOGSs are required. Independent Living Skills PSOGS optional but **HIGHLY recommended for MOST students.**

RESOURCES: http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/TB_PSOGS_WritingGuidelines.pdf and http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/TB_PSOGS_SampleStatements.pdf

- ☐ **17. Post-School Outcome Goal Statements (PSOGS)** (Pg. 6, #5a - c): Postsecondary Education/Training PSOGS **must** address education, training or life-long learning. Employment PSOGS **must** address employment or career path. If appropriate, Independent Living Skills PSOGS must address independent living skills. Combination PSOGS Statements that address multiple areas are also appropriate but must be written for each PSOGS area.
- ☐ **18. Course of Study** (Pg. 6, #6): Identify courses/activities related to PSOGSs in which student is participating.
- ☐ **19. Transfer of rights** (Pg. 6, #7): Options discussed at annual review PPT for students age 17+ (i.e., signed written consent from student for parent to participate, Power of Attorney, Guardianship, Conservatorship). At age 18, transfer of rights documentation **MUST BE** included in student's IEP file.
- ☐ **20. Summary of Performance (SOP)** (Pg. 6, #8): Specify date anticipated to provide SOP to student.
- ☐ **21. Annual Goals/Objectives** (Pg. 7): Transition goals and objectives aligned with PSOGSs. One page 7 **MUST** address Postsecondary Education/Training and one page 7 **MUST** address Employment/Career. And if there is a PSOGS in Independent Living Skills, one page 7 **MUST** address that area as well.
- ☐ **22. Annual Goals/Objectives** (Pg. 7): Check appropriate box at top of page 7. More than one box may be checked at the top of page 7, but only ONE transition box may be checked per page (i.e., Postsecondary Education/Training or Employment or Independent Living Skills). Employment and Communication may be checked, for example, but not Employment and Postsecondary Education/Training.
- ☐ **23. Program Accommodations and Modifications:** (Pg. 8): Ensure that transition goals and objectives are considered when identifying accommodations and Assistive Technology (AT). NOTE: Modifications are not provided in college, employment or most real-life settings!
- ☐ **24. Post-School Outcome (PSO) Survey:** (Sent to all special education students one year after exiting) – At final annual review PPT or final PPT prior to student exiting from HS, have student complete page 6 of the Summary of Performance (ED635). Keep a copy of that page on file within the district for at least 18 months to assist in following up on the PSO Survey.
- ☐ **25. Post-School Outcome Survey:** At final annual review PPT or final PPT prior to student exiting from HS, review a copy of Post-School Outcome Survey with student and parents (http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/SPP/Post_School_Outcomes_Survey_2009_10_exiters.pdf) and provide a copy of PSO Survey along with the PSO Survey Explanation for Students (http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/SPP/TTF_PSOOutcomesSurvey_Students.pdf).

Case Manager Signature _____

date _____

Submit a copy of this Checklist to _____ within one week of Annual Review PPT meetings for all students ages 15-21 or any younger student for whom transition planning is appropriate.

For additional information regarding the use of this form, contact Dr. Patricia Anderson, CT State Department of Education, Bureau of Special Education – patricia.anderson@ct.gov