

Individualized Education Program
Post Secondary Transition Plan, Page One

Student Name: _____ **IEP Meeting Date:** ____/____/____

Current Grade Level: _____ **Expected Date of Graduation:** ____/____/____

Evidence of involving student & related agencies: *Identify method(s) of outreach to student and interagency partners, e.g., letter/date, phone call/date, email/date*

List Age Appropriate Transition/Vocational Assessments (by name of the Assessment and the Date Administered):

Summary of Assessment results (what we learned about the student):

Student's post graduation expected outcomes *(These outcomes are developed in collaboration with the student and the family. They are generally understood to refer to those outcomes that a child hopes to achieve after leaving high school.)*

Post-Secondary Employment Outcome (required):

Example- The summer after leaving high school, student will obtain a part-time position in a community retail environment.

Post-Secondary Education or Training Outcome (required):

Example- Upon completion of high school, student will enroll in courses at Community College of Vermont.

Independent Living Outcome (as appropriate):

Example- Upon completion of high school, student will independently prepare for work each day, including dressing, making his bed, making his lunch, and accessing transportation.

