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: Idinteragency partners, e.g., letter/date, phone call/date, email			
List Age Appropriate Transition/Vocational Assessments Administered):	s (by name of the Assessment and the Date		
Summary of Assessment results (what we learned about	the student):		
Student's post graduation expected outcomes (These outcomes and the family. They are generally understood to refer to the leaving high school.)			
Post-Secondary Employment Outcome (required): Example- The summer after leaving high school, student wilenvironment.	l obtain a part-time position in a community retail		
Post-Secondary Education or Training Outcome (required, Example- Upon completion of high school, student will enro			
Independent Living Outcome (as appropriate): Example- Upon completion of high school, student will independent making his bed, making his lunch, and accessing to			

Individualized Education Program  Post Secondary Transition Plan, Page Two					
Coordinated, Measurable, Annual Transition Goals based upon student preference, interests and required transition assessments listed above. (Consider various options such part-time employment, supported job placements, service learning projects, work			Progress Review Dates		
experience, job shadowing, internships, practice in resume writing and interviewing skills, the use of resource centers and job specific skills regarding customer service or technology):	$\dashv$				
Community Employment Goal (required):					
<b>Vocational Training Goal (if needed):</b> (think "pre-employment" skills. For example: a student may need to seek time with a mentor/counselor to develop anger management skills to deal with the work related frustrations. A student may need to spend time with an SLP to develop clear, appropriate speech and good eye contact while talking to co-workers. A student may need to acquire the skills to drive a fork lift before applying for a warehouse job. A student may have to practice community mobility in order to get to a job site independently.)					
Post-Secondary Education Goal (if appropriate, if not indicate with an N/A):					
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Individualized Education Program				
Post Secondary Transition Plan, Page Three				
Coordinated, Measurable, Post-Secondary Transition Goals based upon student preference, interests and required transition assessments listed on the previous	Pro	_	s Revi	ew
<b>page.</b> (Consider options such as participation in community based experiences, learning how to independently access community resources, building social relationships, managing money, understanding health care needs, utilizing transportation options and organizational skills):				
Independent Living Goal (if appropriate, if not, indicate with an N/A):				
Community Participation Goal (if appropriate, if not, indicate with an N/A):				
Describe the Coordinated Interagency Linkages and Responsibilities (services provided or paid for from another agency and a timeline for completion):				
If the student will be reaching age 17 during the duration of this IEP, they have been rights will transfer to the student upon reaching the age of 18 Yes	notifie No	ed tha	nt parc	 ental
If not, please specify how they were notified):				
State and Local Transition Course of Study Requirements:				
<b>Requirement</b> : You must check the appropriate box below and develop the corresponding that follows for either specialized courses or alternative credits earned through a multi-year	_	se of	study	form
Standard Course of Study Specialized Course of Study for Post-Secondary Annual C	Goals			
Multi-year plan for Graduation Requirements				
Page of			Form	5

Individualized Education Program  Post Secondary Transition Plan, Page Four				
Student Name:	IEP Meeting Date:	/	_/	

Document the specialized course of study or alternative credit courses/programming to support the transition plan:

School Year	Grade Level	Course Required for Graduation and/or Post-Secondary Annual Goal	Credit Required	Alternative Course or activity	Alternative Credit
09-10 (Example)	11	Algebra 2	2	Life-skills math 1	2

If alternative credits are being granted through a multi-year plan, this page must be signed by the Superintendent or their designee:			
Superintendent or Designee Signature	Date		