## STATE SELPA TEMPLATE INDIVIDUAL TRANSITION PLAN

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Name:	Birth Date: / / IEP Date:			
District Graduation Requirements:				
	e of Study In the student to enable the student to			
Units/Credits Completed: Diplomas: yes/no Certificate of Completion: yes/no Anticipa	Units/Credits Pending: ated Completion Date:			
CAHSEE (High School Exit Exam)				
□ CAHSEE/ELA date:       / / Score: _         □ CAHSEE/Math date:       / / Score: _         □ CAHSEE Other:				
Age of Majority:				
, ,	Date: / /			
and sign the IEP in place of your parent or guardian.  CASEMIS QUESTIONS:				

Form 1B - 5 - Reviewed 7/11

or training, employment, and as needed independent living? YES NO

1. The student's IEP includes appropriate measurable postsecondary goal or goals that covers the education

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2.	Is (are) the postsecondary goal(s) updated annually? YES $\square$ NO $\square$
3.	Is there evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment? YES $\square$ NO $\square$
4.	Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)? YES $\square$ NO $\square$
5.	Do the transition services include courses of study that will reasonably enable the student to meet his or her postsecondary goal(s)? YES $\square$ NO $\square$
6.	Is (are) there annual IEP goal(s) related to the student's transition services needs? YES $\square$ NO $\square$
7.	Is there evidence that the student was invited to the IEP meeting where transition services were discussed YES $\square$ NO $\square$
8.	If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority? YES \( \subseteq \text{ NO } \subseteq \)