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| **Transition Services and Post-Secondary Goals (Required at Age 15+)** |
| Describe how the student participated in the Transition IEP process: | [ ]  Attended IEP | [ ]  Other Meeting | [ ]  Interview | [ ]  Interests Inventory | [ ]  Questionnaire |
| Agencies identified for needed Transition Services: | [ ]  Dept. of Rehabilitation | [ ]  Regional Center | [ ]  Community College DPSS | [ ]  Social Security |  |
|  | [ ]  Dept. of Behavioral Health | [ ]  Dept. of Social Services | [ ]  Employment Development Dept. | [ ]  Other: |       |
|  |  |  |  |  |  |
| Programs identified for Transition-related services as | [ ]  Transition Partnership Program | [ ]  CA Conservation Corps | [ ]  WorkAbility | [ ]  Career-to-Work | [ ]  Job Corps |
| appropriate and available: | [ ]  Workforce Investment Act | [ ]  Work Experience | [ ]  Vocational Technical Education | [ ]  Other: |       |
|  |  |  |  |  |  |
| **Which age-appropriate transition assessments/instruments were used?** **[ ]  Interview(s) [ ]  Observations [ ]  Situational Assessment [ ]  Work Interest Inventory [ ]  Formal Career Assessment [ ]  Other:**      ***Describe the assessment results:***       |
|  |
| **Student’s post-school desired goals or vision:**       |
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| **Present levels of performance:**       |
|  |
| **post-secondary goal:** | **required** **[ ]  training (code 200) /** **[ ]  education (code 300)** |
|  |
| CCS Standard: |       |
|  |  |
| After graduation or completion of high school, I, |  | will |
|  | *Student Name* |  |
|       |
|  |
| **annual goal:**  | **required** **[ ]  training (code 200) /** **[ ]  education (code 300)** |
| By: |  | I, |  | will |
|  |  |  | *Student Name* |  |
|       |
| As measured by: |       |
| Person/agency responsible: |       |
| Transition service code: |       |
|  |  |
| Activities to support post-secondary goal:       |

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| **Present levels of performance:**       |
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| **post-secondary goal:** | **required employment (code 400)** |
|  |
| CCS Standard: |       |
|  |  |
| After graduation or completion of high school, I, |  | will |
|  | *Student Name* |  |
|       |
|  |
| **ANNUAL GOAL:** | **required EMPLOYMENT (CODE 400)** |
| By: |  | I, |  | will |
|  |  |  | *Student Name* |  |
|       |
| As measured by: |       |
| Person/agency responsible: |       |
| Transition service code: |       |
|  |  |
| Activities to support post-secondary goal:       |

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| **Transition Services and Post-Secondary Goals (Required at Age 15+)** |
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| **Present levels of performance:**       |
|  |  |
| **post-secondary goal:** | **optionalcommunity experiences (code 500)** |
|  |
| CCS Standard: |       |
|  |  |
| After graduation or completion of high school, I, |  | will |
|  | *Student Name* |  |
|       |
|  |
| **annual goal:** | **REQUIREDcommunity experiences (code 500)** |
| By: |  | I, |  | will |
|  |  |  | *Student Name* |  |
|       |
| As measured by: |       |
| Person/agency responsible: |       |
| Transition service code: |       |
|  |  |
| Activities to support post-secondary goal:       |

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| **PRESENT LEVELs OF PERFORMANCE:**       |
|  |  |
| **post-secondary goal:** | **optional independent living/daily living skills (code 501)** |
|  |
| CCS Standard: |       |
|  |  |
| After graduation or completion of high school, I, |  | will |
|  | *Student Name* |  |
|       |
|  |
| **annual goal:** | **OPTIONAL independent living/daily living skills (code 501)** |
| By: |  | I, |  | will |
|  |  |  | *Student Name* |  |
|       |
| As measured by: |       |
| Person/agency responsible: |       |
| Transition service code: |       |
|  |  |
| Activities to support post-secondary goal:       |

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| **COURSE OF STUDY: (A multi-year description of the student’s coursework from current year to anticipated exit year, in order to enable the student to meet their post-secondary goal)** **[ ]  See attached course of study *OR*** **[ ]  listed below:**       |
| *[ ]  Units/Credits Completed:* |  | *[ ]  Units/Credits Pending:* |  | *Diploma:* *[ ]  YES* *[ ]  NO* | *Certification of Completion:* *[ ]  YES* *[ ]  NO* | *Anticipated Completion Date:* |  |  |
|  |  |  |  |  |  |  |  |  |
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| **Transition Services and Post-Secondary Goals (Required at Age 15+)** |
|  |  |  |  |
| **[ ]  YES**  | **[ ]  NO** | **1.** | **The student’s IEP includes appropriate measurable post-secondary goal(s) that covers the education or training, employment, and as needed, independent**  |
|  |  |  | **living?** |
| **[ ]  YES**  | **[ ]  NO** | **2.** | **Is (are) the post-secondary goal(s) updated annually?** |
| **[ ]  YES**  | **[ ]  NO** | **3.** | **Is there evidence that the measurable post-secondary goal(s) were based on age-appropriate transition assessment(s)?** |
| **[ ]  YES**  | **[ ]  NO** | **4.** | **Are there transition services in the IEP that will reasonably enable the student to meet his or her post-secondary goal(s)?** |
| **[ ]  YES**  | **[ ]  NO** | **5.** | **A.** | **Are the courses of study a multi-year description of coursework from the student’s current year to anticipated exit year?** |
| **[ ]  YES**  | **[ ]  NO** |  | **B.** | **Are the courses of study designed to help the student achieve the identified post-secondary goal(s)?** |
| **[ ]  YES**  | **[ ]  NO** | **6.** | **Is (are) there annual IEP goal(s) related to the student’s transition services needs?** |
| **[ ]  YES**  | **[ ]  NO** | **7.** | **Is there evidence that the student was invited to the IEP meeting where transition services were discussed?** |
| **[ ]  YES**  | **[ ]  NO** | **8.** | **If appropriate, is there evidence that a representative of any participating agency was invited to the IEP meeting with the prior consent of the parent or** |
|  |  |  | **student who reached the age of majority? *IF NOT*, please mark N/A [ ]**  |
| **AGE OF MAJORITY:** **When you reach the age of 18, the Age of Majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.** |
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| **COMMENTS:**      ­ |