

**INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT**  
**Transition Plan Attachment**

Required for students 16 years of age during IEP year (consider at a younger age if determined appropriate by the IEP team)

Student Name \_\_\_\_\_ IEPT Date \_\_\_\_\_

Parental Rights and Age of Majority (Check all applicable)

- If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- If the student has turned age 18, the student and parent were informed of the parental rights that transferred to the student at age 18.
- The student has turned age 18 and a legally designated representative has been appointed (e.g., power of attorney, guardian, etc.). The representative is: \_\_\_\_\_

**STUDENT'S POST-SECONDARY VISION**

**Assessment sources used:**  EDP  Transition Assessment  Other: \_\_\_\_\_

Did the student attend the IEPT meeting?  Yes  No

If the student did not attend the IEP, describe the steps taken to ensure consideration of the student's preferences and vision:

\_\_\_\_\_

|  |   |
|--|---|
| <b>Adult Daily Living Skills:</b>                              | As an adult, where do you want to live? What will you do for transportation, etc.?  |
| <b>Career/Employment:</b>                                      | As an adult, what kind of work do you want to do?   |
| <b>Community Participation (including recreation/leisure):</b> | As an adult, what hobbies and activities do you want to do in your community (play sports, shop, arts, eating out, volunteer work, vote, etc.)? |
| <b>Post-Secondary Education/Training:</b>                      | After high school, what additional education and training do you want?  |

**COURSE OF STUDY**

Consider the following for any students who will reach age 16 during this IEP (recommended for students age 14 and up)

Check one:

- General and/or special education classes leading to a diploma
- General education classes leading to an MDE endorsed diploma (beginning with class of 2011)
- Course of study leading to a certificate of completion –OR– \_\_\_\_\_

Comments:

\_\_\_\_\_

| School Year | Age or Grade | Describe How Course(s) of Study Support Student's Post-Secondary Vision |
|-------------|--------------|---|
|             |              |   |

Anticipated graduation or completion date: \_\_\_\_\_

| <b>TRANSITION ACTIVITIES AND SERVICES</b>   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| <b>Needed Transition Activities/Services Related to Student's Post-Secondary Vision and Present Level of Academic Achievement and Functional Performance.</b><br>■ All areas below must be considered.<br>■ Describe needed activities/services in at least ONE area.<br>■ Describe responsibilities of each participant. | <b>Agency/Person Responsible</b> | <b>Expected Completion Date</b> |
| <b>Instruction</b><br><br><input type="checkbox"/> None Explain: _____  |                                  |                                 |
| <b>Related Services</b><br><br><input type="checkbox"/> None Explain: _____   |                                  |                                 |
| <b>Community Experiences</b><br><br><input type="checkbox"/> None Explain: _____  |                                  |                                 |
| <b>Development of Employment</b><br><br><input type="checkbox"/> None Explain: _____  |                                  |                                 |
| <b>Other Post-School Adult Living Objectives</b><br><br><input type="checkbox"/> None Explain: _____  |                                  |                                 |
| <b>Acquisition of Daily Living Skills (when appropriate)</b><br><br><input type="checkbox"/> None Explain: _____  |                                  |                                 |
| <b>Functional Vocational Evaluation (when appropriate)</b><br><br><input type="checkbox"/> None Explain: _____  |                                  |                                 |

**AGENCY REPRESENTATION**

A representative from any other agency likely to be responsible for providing or paying for transition services must be invited to attend this meeting.

Was there a need to invite a community agency representative likely to provide current or future services?  YES  NO  NA

If Yes, did the community agency representative attend the IEP?  YES  NO

Explain: \_\_\_\_\_  
 \_\_\_\_\_

Note: If the designated agency fails to provide the recommended service(s), the public agency responsible for this student's education shall call a meeting to identify alternative strategies and, if necessary, revise the IEP.