

Transition Service Plan

Name:	Projected date of Graduation:	Date of Initial Transition Program Development: _____ Update: _____
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Preferences, Strengths, Interests and Course of Study based on Present Levels of Performance and Age Appropriate Transition Assessments (Areas for consideration include course of study, post-secondary education, vocational training, employment, continuing education, adult services and community participation)

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Desired Measurable Post Secondary/Outcome Completion Goals (These goals are to be achieved *after* graduation and there must be a completion goal for Education/Training and Employment)

Education/Training-

Employment -

Independent Living (as appropriate)-

Based on age appropriate transition assessments, in the spaces below, include measurable Transition IEP Goals and Transition Activities/Services appropriate for the child's post-secondary preferences, strengths and needs. Note: There must be at least a measurable Transition IEP Goal to help the child reach each of the desired Measurable Post Secondary/Outcome Completion Goals.

Education/Training (Goals based on academics, functional academics, life centered competencies or career/technical or agricultural training needs and job training.)

Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

Development of Employment (Goals based on occupational awareness, employment related knowledge and skills and specific career pathway knowledge and skills.)

Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

Community Participation (Goals based on knowledge and demonstration of skills needed to participate in the community (e.g., tax forms, voter registration, building permits, social interactions, consumer activities, accessing and using various transportation modes.))

Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

Adult Living Skills & Post School Options (Goals based on skills for self-determination, interpersonal interactions, communication, health /fitness and the knowledge needed to successfully participate in Adult Lifestyles and other Post School Activities (e.g. skills needed to manage a household, maintain a budget and other responsibilities of an adult.))

Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

Related Services (Goals based on Related Services that may be required now to help a child benefit from regular and special education and transition services (e.g., speech/language, occupational therapy, counseling, vocational rehabilitation training or the planning for related services that the individual may need access to as an adult.))

Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

Daily Living Skills (Goals based on adaptive behaviors related to personal care and well-being to decrease dependence on others.)

Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/ Achieved Outcome

TRANSFER OF RIGHTS (Required by age 17): _____ was informed on _____ of his/her rights, if any, that will transfer at age 18.
(Name) (Date)

RIGHTS WERE TRANSFERRED (Required by age 18): _____ was informed on _____ of his/her rights.
(Name) (Date)