

## TRANSITION SERVICES LANGUAGE

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Beginning in the 7th grade, transition focuses on the student's course of study. Check areas of interest and courses selected toward that area:

Advance Placement \_\_\_\_\_ College Prep. \_\_\_\_\_ General Education \_\_\_\_\_ Life Skills \_\_\_\_\_ Vocational Education \_\_\_\_\_

Other (describe) \_\_\_\_\_

Areas of Interest:

### "PROJECTED" ADULT LIVING AND WORKING ENVIRONMENTS

*Check all that apply*

|   |  |   |
|---|--|---|
| Work experience                                 | Post Secondary Instruction                   | Living Environment                          |
| <input type="checkbox"/> Competitive Employment | <input type="checkbox"/> College/University  | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> Supported Employment   | <input type="checkbox"/> Community College   | <input type="checkbox"/> Supported Living   |
| <input type="checkbox"/> Sheltered Employment   | <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Residential Care   |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Other: _____       |

### PRESENT LEVEL OF PERFORMANCE Transition Services, Support, and/or Skill Development

Transition services and/or support are needed in the areas checked below. Each area reflects whether there is no need, a present or future need for this student. Goals and objectives in those areas checked as a present need are included in this IEP. The following resources support that decision.

|            |                 |                | Area of Concern            | Source | Rationale |
|------------|-----------------|----------------|----------------------------|--------|-----------|
| No<br>Need | Present<br>Need | Future<br>Need |                            |        |           |
| _____      | _____           | _____          | Instruction                | _____  | _____     |
| _____      | _____           | _____          | Community Experiences      | _____  | _____     |
| _____      | _____           | _____          | Work Experience/Employment | _____  | _____     |
| _____      | _____           | _____          | Post School Adult Living   | _____  | _____     |
| _____      | _____           | _____          | Daily Living Skills        | _____  | _____     |
| _____      | _____           | _____          | Vocational Assessment      | _____  | _____     |
| _____      | _____           | _____          | Related Services           | _____  | _____     |

**Sources**

- |                               |                                     |                            |
|-------------------------------|-------------------------------------|----------------------------|
| 1. Parent Questionnaire       | 2. Student Interview/Questionnaire* | 3. Psychological Report    |
| 4. Parent/Student Preferences | 5. Student Interest Inventory       | 6. Student Cumulative File |
| 7. Teacher Observation        | 8. Other: _____                     |                            |

\*Student preferences and interests are considered and included through the IEP by input received from the student at the IEP and/or the usage of a student interview/questionnaire.

### INTERAGENCY LINKAGES FOR TRANSITION

Involvement of the following organizations/agencies is necessary to meet the student's identified present or future needs. This involvement may range from information gathering to actual initiation of a formal referral.

| Agency Contact | Purpose |
|----------------|---------|
| _____          | _____   |
| _____          | _____   |
| _____          | _____   |