

**Homework**  
**Age Appropriate**  
**Transition Assessment presentation**

- Select a student to work with.
- Select some form of transition assessment.
- Administer the assessment.
- Bring documentation of the assessment and its results.

Guiding questions:

Was the assessment formal or informal?

Where did the assessment take place?

What was the student's reaction to the assessment?

What did the student learn about themselves?

What did you learn about the student?

What did you learn about the assessment and or the assessment process?

How will you incorporate the results into the student's transition plan?

## Work experience weekly progress notes

Students Name \_\_\_\_\_

Job Coaches Name \_\_\_\_\_

Dates of experience \_\_\_\_\_

What tasks did the student do this week?

How did the student do?

Any changes in performance?

Any new tasks added?

(Adapted from the MHS Get Set program)

Employer evaluation of student/trainee

Student \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Work Experience Site \_\_\_\_\_

(5 = Always 4 = Usually 3 = Sometimes 2 = Rarely 1 = Never)

1. Accepts Responsibility	5	4	3	2	1	N/A
2. Displays Initiative	5	4	3	2	1	N/A
3. Punctuality work/breaks	5	4	3	2	1	N/A
4. Conduct/attitude	5	4	3	2	1	N/A
5. Satisfactory Appearance	5	4	3	2	1	N/A
6. Satisfactory quality of work	5	4	3	2	1	N/A
7. On task	5	4	3	2	1	N/A

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Student/trainee  
signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/job coach student and job evaluation form

Student name: \_\_\_\_\_ Date of report \_\_\_\_\_

Supervisor/job coach name \_\_\_\_\_

Job site and location \_\_\_\_\_

Days and hours worked \_\_\_\_\_

Job start date \_\_\_\_\_ job end date \_\_\_\_\_

**Job Description (briefly)**

Environment: (lighting, temperature, noise, hazards, social contact)

Tasks required: (physical, visual needs, job skills)

Production Requirements: (speed, accuracy, quality, etc)

Aptitudes needed: (academic, eye-hand coord, fine/gross motor)

Performance:

	Description	Score
1	<b>Punctuality</b> (breaks, lunch, start of shift)	
2	<b>Initiating</b> (tasks, questions, seeking help)	
3	<b>Quality</b> (speed, accuracy)	
4	<b>Recognition</b> (and correction of errors)	
5	<b>Learning</b> (to operate machines/tools/equipment)	
6	<b>Relating</b> (to peers/supervisor/co-workers)	
7	<b>Learning</b> (and retention of job skills)	

**Key:**

**I** = independent (student became or has the ability to be totally independent)

**M** = Monitor (student needed or may need occasional supervision /support)

**S** = Supports (student needed or may need constant supervision/assistance)

**Additional Information:**

Reaction to supervisor's requests:

Areas that the student does well:

Problem areas that came up and how they were resolved:

Student's attitude and motivation towards the job:

**Task analysis summary:**

(please list all tasks and estimate the percentage on how well the student did at the start of the placement and at the conclusion of the placement)

Task	%begin	%end

Recommendations and considerations for future placements:

Additional comments/concerns:

(Adapted from the MHS Get Set program)

**Student Name:** StudentName  
**DOB:** DOB

**SchoolDistrictName**  
**IEP Meeting Date:** MeetingDate

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**Transition**  
**Student's Preferences, Needs and Interests**

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**Did the student attend the IEP meeting?**

STUDENT'S INTERESTS (Based on student's preferences, needs and interests)	PRESENT LEVELS OF PERFORMANCE
1. POST-SECONDARY TRAINING AND LEARNING OPPORTUNITIES: (e.g. 2 or 4 year college, vocational education, continuing and adult education)	CURRENT TRAINING AND LEARNING OPPORTUNITIES IN PREPARATION FOR POST-SECONDARY TRAINING:
2. FUTURE EMPLOYMENT (INTEGRATED EMPLOYMENT OR AS APPROPRIATE SUPPORTED EMPLOYMENT):	CURRENT JOB SKILLS:
3. FUTURE HOME-INDEPENDENT LIVING:	CURRENT HOME-INDEPENDENT LIVING SKILLS:
4. FUTURE COMMUNITY PARTICIPATION:	CURRENT COMMUNITY PARTICIPATION:
5. ADULT SERVICES:	CURRENT ADULT AND ADULT TYPE SERVICES:

**Student Name:** StudentName  
**DOB:** DOB

**SchoolDistrictName**  
**IEP Meeting Date:** MeetingDate

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**Transition Academic Transition Plan**

(ages 16-21, or younger if appropriate)

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<b>Grade Level</b>	<b>Projected Courses to be taken each year</b>
8 <sup>th</sup>	
9 <sup>th</sup>	
10 <sup>th</sup>	
11 <sup>th</sup>	
12 <sup>th</sup>	
<b>Ages 18-21</b>	

**Total number of credits required by this district for graduation:** \_\_\_\_\_

**It is anticipated that this student will:**

**OR**

**Anticipated graduation date/completion of program:** \_\_\_\_\_

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Student Name: StudentName  
DOB: DOB

SchoolDistrictName  
IEP Meeting Date: MeetingDate

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### Transition Academic Transition Plan

(ages 16-21, or younger if appropriate)

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Transition Area	Goal	Begin Date	Agency/Person Responsible
1. Instruction			
6. Community Experiences			
3. Employment			
2. Related Services			
4. Adult Living and Post-School Objectives			
5. Daily Living (if appropriate)			
7. Functional Vocational Assessment (if appropriate)			

Did the IEP Team determine that the student, if age 16 or older, may benefit from New Hampshire Vocational Rehabilitation services (NHVRS) assistance?

YES

NO

Date NHVRS notified \_\_\_\_\_

**NSTTAC Indicator 13 Checklist Form A  
(Meets Minimum SPP/APR Requirements)**

Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the child to meet the postsecondary goals. [20 U. S. C. 1416 (a)(3)(B)]

1. Is there a measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living?	Y N
Can the goal(s) be counted? Will the goal(s) occur <i>after</i> the student graduates from school? <ul style="list-style-type: none"> <li>• If <i>yes</i> to both, then circle Y</li> <li>• If a postsecondary goal(s) is not stated, circle N</li> </ul>	
2. Is (are) there annual IEP goal(s) that will reasonably enable the child to meet the postsecondary goal(s)?	Y N
Is (are) an annual goal(s) included in the IEP that will help the student make progress towards the stated postsecondary goal(s)? <ul style="list-style-type: none"> <li>• If <i>yes</i>, the circle Y</li> </ul>	
3. Are there transition services in the IEP that focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school?	Y N
Is a type of <i>instruction, related service, community experience, development of employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills, and provision of a functional vocational evaluation</i> listed in association with meeting the post-secondary goal(s)? <ul style="list-style-type: none"> <li>• If <i>yes</i>, then circle Y</li> </ul>	
4. For transition services that are likely to be provided or paid for by other agencies with parent (or child once the age of majority is reached) consent, is there evidence that representatives of the agency(ies) were invited to the IEP meeting?	Y N NA
For the current year, is there evidence in the IEP that representatives of any of the following agencies/services were invited to participate in the IEP development: <i>postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation</i> for this post-secondary goal? Was consent obtained from the parent (or child, for a student of the age of majority)? <ul style="list-style-type: none"> <li>• If <i>yes</i> to both, then circle Y</li> <li>• If it is too early to determine if the student will need outside agency involvement, or no agency is likely to provide or pay for transition services, circle NA</li> <li>• If parent or individual student consent (when appropriate) was not provided, circle NA</li> <li>• If <i>no</i> invitation is evident and a participating agency is likely to be responsible for providing or paying for transition services and there was consent to invite them to the IEP meeting, then circle N</li> </ul>	
5. Is there evidence that the measurable postsecondary goal(s) were based on age-appropriate transition assessment(s)?	Y N
Is the use of a transition assessment(s) for the postsecondary goal(s) mentioned in the IEP or evident in the student's file? <ul style="list-style-type: none"> <li>• If <i>yes</i>, then circle Y</li> </ul>	
6. Do the transition services include courses of study that focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school?	Y N
Do the transition services include courses of study that align with the student's postsecondary goal(s)? <ul style="list-style-type: none"> <li>• If <i>yes</i>, then circle Y</li> </ul>	
<b>Does the IEP meet the requirements of Indicator 13? (Circle one)</b> <b>Yes</b> (all Ys or NAs are circled) <b>No</b> (one or more Ns circled)	

### Instructions for Completing NSTTAC Indicator 13 Checklist

1. **Is there a measurable postsecondary goal or goals that covers education or training, employment, and, as needed, independent living?**
  - Find the transition component of the IEP
  - Find the postsecondary goal(s) for this student
  - If there are measurable postsecondary goals that address *Education* or *Training* after high school, *Employment* after high school, and (if applicable) *Independent Living* after high school, circle Y
  - If there are postsecondary goals that address *Education* or *Training* after high school, *Employment* after high school, and (if applicable) *Independent Living* after high school, but are not measurable, circle N
  - If there is not a postsecondary goal that addresses *Education* or *Training*, circle N
  - If there is not a postsecondary goal that addresses *Employment* after high school, circle N
  - If there is one measurable postsecondary goal that addresses *Education* or *Training*, *Employment*, and (if applicable) *Independent Living* after high school, circle Y
  - If there is one postsecondary goal that addresses *Education* or *Training*, *Employment*, and (if applicable) *Independent Living* after high school, but it is not measurable, circle N
  
2. **Is (are) there annual IEP goal(s) that will reasonably enable the child to meet the postsecondary goal(s)?**
  - Find the annual goals in the IEP
  - For each postsecondary goal, if there is an annual goal or short-term objective included in the IEP that will help the student make progress towards the stated postsecondary goal, circle Y
  - For each postsecondary goal, if there is **no** annual goal or short-term objective included in the IEP that will help the student make progress towards the stated postsecondary goal, circle N
  
3. **Are there transition services in the IEP that focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school?**
  - Find where transition services/activities are listed on the IEP
  - For each postsecondary goal, if there is (a) instruction, (b) related service(s), (c) community experience, (d) development of employment and other post-school adult living objective, (e) if appropriate, acquisition of daily living skill(s), or (f) if appropriate, provision of a functional vocational evaluation listed in association with meeting the postsecondary goal, circle Y
  - For each postsecondary goal, if there is **no** (a) type of instruction, (b) related service, (c) community experience, (d) development of employment and other post-school adult living objective, (e) if appropriate, acquisition of a daily living skill, or (f) if appropriate, provision of a functional vocational evaluation listed in association with meeting the postsecondary goal, circle N
  
4. **For transition services that are likely to be provided or paid for by other agencies with parent (or child once of the age of majority is reached) consent, is there evidence that representatives of the agency(ies) were invited to the IEP meeting?**
  - Find where persons responsible and/or agencies are listed on the IEP
  - Are there transition services listed on the IEP that are likely to be provided or paid for by an outside agency? If yes, continue with next guiding question. If no, circle NA.
  - Is it too early to determine if this student will need outside agency involvement? If yes, circle NA
  - Was parent consent or child consent (once student is the age of majority) to invite an outside agency(ies) is obtained? If yes, continue with next guiding question. If no, circle NA
  - If transition services are likely to be provided by an outside agency and if consent was obtained, is there evidence in the IEP or the student's file that any of the following were invited to the IEP meeting to discuss transition: postsecondary education, vocational

education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation for this postsecondary goal? If yes, circle Y. If no, circle N

**5. Is there evidence that the measurable postsecondary goals were based on age-appropriate transition assessment?**

- Find where information relates to assessment and the transition component on the IEP (either in the IEP or the student's file)
- For each postsecondary goal, is there evidence that age-appropriate transition assessment provided information on the student's needs, taking into account strengths, preferences, and interests regarding the postsecondary goal(s), circle Y.
- For each postsecondary goal, if there is **no** evidence that age-appropriate transition assessment provided information on the student's needs, taking into account strengths, preferences, and interests regarding the postsecondary goal(s), circle N

**6. Do the transition services include courses of study that focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school?**

- Locate the courses of study (instructional program of study) or list of courses of study in the student's IEP
- Does the course of study (or courses) listed align with the student's identified postsecondary goal(s)? If yes, circle Y. If no, circle N.
- Are the courses of study a multi-year description of coursework from the student's current to anticipated exit year that is designed to help achieve the student's desired post-school goal(s)? If yes, circle Y. If no, circle N.

**7. Does the IEP meet the requirements of Indicator 13?**

- If all Ys or NAs for each item (1 – 6) on the Checklist, then circle **Yes**
- If one or more Ns are circled, then circle **No**

**TRANSITION IEP REQUIREMENTS (INDICATOR 13)**  
**PROCESS AND CHECKLIST (REV. OCT, 2008)**

	<b>IDEA REQUIREMENT</b>	<b>NHSEIS (Easy IEP) LOCATION</b>	<b>STANDARD</b>	<b>EXAMPLE</b>
1a	A measurable postsecondary goal (MPSG) that covers education or training, that is updated annually, and based upon age appropriate transition assessment.	<b>Transition Interests and Needs:</b> Student Interests (write the MPSG in the appropriate interest area)	Use results-oriented terms such as “enrolled in”, “attend” Use descriptors such as “full time” and “part-time” Begin with “After graduation”, “upon completion of HS...” Outcome is explicit and observable	Upon completion of high school, John will enroll full-time in courses at Ocean County Community College.
1b	A measurable postsecondary goal that covers employment, that is updated annually, and based upon age appropriate transition assessment.	<b>Same as Above</b>	Use results-oriented terms such as “work”, “employed” Use descriptors such as “full time” and “part-time” Begin with “After graduation, upon completion of HS...” Outcome is explicit and observable	After graduation from high school, Riley will work full time as a general laborer for a construction company.
1c	A measurable postsecondary goal that covers independent living, as necessary, that is updated annually, and based upon age appropriate transition assessment.	<b>Same as Above</b>	Use results-oriented terms such as “live independently” Begin with “After graduation, upon completion of HS...” Outcome is explicit and observable	After graduation, Rolanda will live at home and participate in her daily routines and environment through the use of technology.
2	At least one measurable annual goal for each postsecondary goal related to the transition services.	<b>Goals and Objectives:</b>  Select "Area" = Transition under drop down menu	Goal must contain: conditions, student, behavior and criterion and connected to MPSG	Given three self-designed time management approaches, John will use the time management approaches to organize materials for content area courses. (connected to MPSG for postsecondary education/training)
3	Transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals.	<b>Transition Plan - Transition Services:</b> (activities or strategies) Under “Goals” write “see MPSG for _____” “Transition Services” write the activity or strategy	For each MPSG there should be some type of transition service (activity or strategy) in at least one of the areas of: instruction, related service, community experience, employment, other post school adult living objective, daily living skill and/or functional vocational evaluation Course of Study	<b>Instruction:</b> Enroll in a self-advocacy/self-awareness course in the __ grade. <b>Community Experience:</b> Take a trip to community college bookstore to purchase supplies needed. <b>Employment:</b> Participate in a job shadow, internship, apprenticeship, job skills class <b>Post School Adult Living:</b> Visit community agencies that provide daily living skills training to adults

**TRANSITION IEP REQUIREMENTS (INDICATOR 13) - CONTINUED**

	<b>IDEA REQUIREMENT</b>	<b>NHSEIS (Easy IEP) LOCATION</b>	<b>STANDARD</b>	<b>EXAMPLE</b>
4	There is evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student age 18.	<p><b>Transition Plan-Transition Services and IEP Team list:</b></p> <p>Other documentation/evidence should be included in the student's file.</p>	<p><u>Evidence</u> would exist if their name or agency was listed on the Transition Services page, and there was proof of attendance at the meeting. The invitation will also note agency participation. An agency cannot be asked to be financially responsible for a service unless it is represented at the IEP team meeting.</p>	<p>Parent or student 18 or over must approve for others to attend the meeting, and their agreement should be documented in the student file. Documentation of invitation as well as other documentation on IEP required here. Mark "NA" if such a representative was not required.</p>
5	There is evidence that the measurable postsecondary goal(s) were based on age-appropriate transition assessment(s).	<p><b>Present Levels:</b> Student Strengths, Functional Needs, or Additional Information/ Most Recent Evaluation</p>	<p>Transition assessments may be formal or informal, but evidence of the results (summarized) should be evident in the IEP or student file.</p>	<p>Results of an informal transition interview indicated that. .... The <i>Transition Planning Inventory</i> showed that Carol is in need of transition supports in the following areas: .....in order to plan for her postsecondary goal.</p>
6	Transition Services include Courses of Study	<p><b>Academic Transition Plan:</b></p>	<p>Course of study must focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school.</p> <p>A specific four year plan must be developed.</p>	<p>Year 1: listed courses Year 2: listed courses Year 3: listed courses Year 4: listed courses</p>

Developed by Bruce Thielen in collaboration with the Monadnock Center for Successful Transitions, MCST (2008)

**TRANSITION IEP REQUIREMENTS (INDICATOR 13)**  
**PROCESS AND CHECKLIST (DEV. OCT, 2008)**

	<b>IDEA REQUIREMENT</b>	<b>CASE-e LOCATION</b>	<b>STANDARD</b>	<b>EXAMPLE</b>
1a	A measurable postsecondary goal (MPSG) that covers education or training, that is updated annually, and based upon age appropriate transition assessment.	<b>Transition Vision and Present Levels of Performance:</b> Student's Vision Statement (write the MPSG in the Post-Secondary Training and Learning area)	Use results-oriented terms such as "enrolled in", "attend" Use descriptors such as "full time" and "part-time" Begin with "After graduation", "upon completion of HS...." Outcome is explicit and observable	Upon completion of high school, John will enroll full-time in courses at Ocean County Community College.
1b	A measurable postsecondary goal that covers employment, that is updated annually, and based upon age appropriate transition assessment.	<b>Transition Vision and Present Levels of Performance:</b> Student's Vision Statement (write the MPSG in the Future Employment area)	Use results-oriented terms such as "work", "employed" Use descriptors such as "full time" and "part-time" Begin with "After graduation, upon completion of HS...." Outcome is explicit and observable	After graduation from high school, Riley will work full time as a general laborer for a construction company.
1c	A measurable postsecondary goal that covers independent living, as necessary, that is updated annually, and based upon age appropriate transition assessment.	<b>Transition Vision and Present Levels of Performance:</b> Student's Vision Statement (write the MPSG in the Future Home/Independent Living area)	Use results-oriented terms such as "live independently" Begin with "After graduation, upon completion of HS...."Outcome is explicit and observable	After graduation, Rolanda will live at home and participate in her daily routines and environment through the use of technology.
2	At least one measurable annual goal for each postsecondary goal related to the transition services.	<b>Measurable Annual Goal</b>	Goal must contain: conditions, student, behavior and criterion and connected to MPSG	Given three self-designed time management approaches, John will use the time management approaches to organize materials for content area courses. (connected to MPSG for postsecondary education/training)
3	Transition services, including courses of study that will reasonably enable the student to meet those postsecondary goals.	<b>Transition- Statement of Needed Transition Services:</b> Under "Needs and Activities" write the activity or strategy that will enable the student to meet their post secondary goals	For each MPSG there should be some type of transition service (activity or strategy) in at least one of the areas of: instruction, related service, community experience, employment, other post school adult living objective, daily living skill and/or functional vocational evaluation Course of Study	<b>Instruction:</b> Enroll in a self-advocacy/self-awareness course in the __ grade. <b>Community Experience:</b> Take a trip to community college bookstore to purchase supplies needed. <b>Employment:</b> Participate in a job shadow, internship, apprenticeship, job skills class <b>Post School Adult Living:</b> Visit community agencies that provide daily living skills training to adults

**TRANSITION IEP REQUIREMENTS (INDICATOR 13) - CONTINUED**

	<b>IDEA REQUIREMENT</b>	<b>CASE-e LOCATION</b>	<b>STANDARD</b>	<b>EXAMPLE</b>
4	There is evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student age 18.	<b>Transition Plan-Transition Services and IEP Team list:</b>  Other documentation/ evidence should be included in the student's file.	<u>Evidence</u> would exist if their name or agency was listed on the Transition Services page, and there was proof of attendance at the meeting. The invitation will also note agency participation. An agency cannot be asked to be financially responsible for a service unless it is represented at the IEP team meeting.	Parent or student 18 or over must approve for others to attend the meeting, and their agreement should be documented in the student file. Documentation of invitation as well as other documentation on IEP required here. Mark "NA" if such a representative was not required.
5	<b>There is</b> evidence that the measurable postsecondary goal(s) were based on age-appropriate transition assessment(s).	<b>Transition Present Levels of Performance OR Student's Profile Section or</b>  <b>In student file</b>	Transition assessments may be formal or informal, but evidence of the results (summarized) should be evident in the IEP or student file.	Results of an informal transition interview indicated that.....  The <i>Transition Planning Inventory</i> showed that Carol is in need of transition supports in the following areas: .....in order to plan for her postsecondary goal.
6	Transition Services include Courses of Study	<b>Academic Transition Plan:</b>	Course of study must focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school.  A specific four year plan must be developed.	Year 1: listed courses Year 2: listed courses Year 3: listed courses Year 4: listed courses

Developed by Heidi Wyman, Transition Resource Network at Strafford Learning Center, and based on TRANSITION IEP REQUIREMENTS (INDICATOR 13) FOR NHSEIS, developed by Bruce Thielen in collaboration with the Monadnock Center for Successful Transitions, MCST (2008)

School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_  
District of Liability: \_\_\_\_\_

# Individualized Education Program

**STUDENT INFORMATION:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  Male  Female Primary Disability: \_\_\_\_\_  
SASID: \_\_\_\_\_ SPEDIS: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_  
Grade/Level: \_\_\_\_\_ Primary Language: \_\_\_\_\_ (if applicable)  
Is the student court-placed?  Yes  No Tertiary Disability: \_\_\_\_\_  
(if applicable)

**PARENT/GUARDIAN INFORMATION:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**MEETING INFORMATION:**

IEP Term Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Date of Meeting: \_\_\_\_\_ Date of Annual Review: \_\_\_\_\_  
Purpose of Meeting:  Initial IEP  Annual Review  Reevaluation  IEP Amendment  
 Extended Year  Stay Put  Court-Ordered  
Date of next 3 Year Reevaluation Meeting: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade/Level:** \_\_\_\_\_

**SASID:** \_\_\_\_\_ **IEP Dates** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**SPEDIS:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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# Individualized Education Program

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**Student Profile:**

Describe how the student's disability affects the student's involvement and progress in the general curriculum and non-academic areas including information from the most recent evaluations. For preschool students, as appropriate, describe how the disability affects the student's participation in appropriate activities:

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**Describe the student's strengths:**

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**Describe the student's needs:**

**Academic:**

**Developmental:**

**Functional:**

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**Describe any behaviors which may impede learning:**

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**Describe the parent's input for enhancing the student's education:**



**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade/Level:** \_\_\_\_\_

**SASID:** \_\_\_\_\_ **IEP Dates** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**SPEDIS:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

# Individualized Education Program

## General Curriculum Accommodations/Modifications

**Supplementary Aids & Services:**

**Accommodations (a):**

(Support and Services to help the student access the general curriculum/program and or validly demonstrate learning. Does not fundamentally alter expectations or standards in instructional level, content or performance criteria.)

**Modifications (m):**

(Specifically designed instruction that changes the general curriculum content or standards and what is expected of the student in order for the student to make effective progress. Does fundamentally alter expectations or standards in instructional level, content or performance criteria.)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

SASID: \_\_\_\_\_ IEP Dates From: \_\_\_\_\_ To: \_\_\_\_\_

SPEDIS: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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# Individualized Education Program

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## Assessment Accommodations

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade/Level:** \_\_\_\_\_

**SASID:** \_\_\_\_\_ **IEP Dates** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**SPEDIS:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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## Individualized Education Program

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### Consideration of Special Factors

In the case of a student whose behavior impedes his/her learning or that of others, consider, if appropriate, strategies including positive behavioral interventions, strategies and supports to address that behavior:

None Needed  Needed (If Needed, write a behavior plan or goals and objectives)

In the case of a student with limited English proficiency, consider the language needs of the student as these needs relate to the student's IEP:

None Needed  Needed (Write specific goals for IEP)

In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille:

None Needed  Needed (Write specific goals for IEP)

Consider the communication needs of the student.

In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs:

None Needed  Needed (Write specific goals for IEP)

Whether the student requires specific assistive technology devices and services (beyond what is available to students):

None Needed  Needed

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### Nonparticipation Justification

Explanation of extent, if any, to which the student will not participate with non-disabled students in regular class, extra-curricular and non-academic activities (i.e. art, music, physical education, electives):

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### Extended School Services

Is this student eligible for extended school services to prevent severe and substantial harm and regression that would have the effect of negating the benefits of such child's regular education program?

No  Yes  To Be Determined If yes, answer the question below.

Cite evidence that the student meets these eligibility standards.

If needed, goals and services to be addressed during the extended school services will be determined prior to the beginning of the program.

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### Transportation Services

Does the student require transportation as a result of the disability(ies)?

No Regular transportation will be provided in the same manner as it would be provided for students without disabilities.

Yes Specialized transportation will be provided. (Include in Related Services.)

Reasons:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

SASID: \_\_\_\_\_ IEP Dates From: \_\_\_\_\_ To: \_\_\_\_\_

SPEDIS: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

# Individualized Education Program

## Special Education and Related Services (Plan Period 1)

Medicaid Order/Recommendation/Referral Form Needed

Special Education Services								
Type of Service	Goal #	Service Provider	Class		Frequency	Duration	Start Date	End Date
			Location	Size				

Related Services								
Type of Service	Goal #	Service Provider	Class		Frequency	Duration	Start Date	End Date
			Location	Size				

Total Number of Hours in Special Education: \_\_\_\_\_

Percentage of Time Spent in Special Education: \_\_\_\_\_

Support for Personnel:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

SASID: \_\_\_\_\_ IEP Dates From: \_\_\_\_\_ To: \_\_\_\_\_

SPEDIS: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

# Individualized Education Program

## Special Education and Related Services (Plan Period 2)

Medicaid Order/Recommendation/Referral Form Needed

Special Education Services								
Type of Service	Goal #	Service Provider	Class		Frequency	Duration	Start Date	End Date
			Location	Size				

Related Services								
Type of Service	Goal #	Service Provider	Class		Frequency	Duration	Start Date	End Date
			Location	Size				

Total Number of Hours in Special Education: \_\_\_\_\_

Percentage of Time Spent in Special Education: \_\_\_\_\_

Support for Personnel:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

SASID: \_\_\_\_\_ IEP Dates From: \_\_\_\_\_ To: \_\_\_\_\_

SPEDIS: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

# Individualized Education Program

## Transition

### Vision and Present Levels of Performance

(16-21 or younger, if appropriate)

Student attended IEP Meeting

<b>STUDENT'S VISION STATEMENT</b> (Based on student's preferences, needs and interests)	<b>PRESENT LEVELS OF PERFORMANCE</b> (Based on the student's vision statement)
<b>POST-SECONDARY TRAINING AND LEARNING OPPORTUNITIES:</b>	<b>CURRENT TRAINING AND LEARNING OPPORTUNITIES IN PREPARATION FOR POST-SECONDARY TRAINING:</b>
<b>FUTURE EMPLOYMENT:</b>	<b>CURRENT JOB SKILLS:</b>
<b>FUTURE HOME/INDEPENDENT LIVING:</b>	<b>CURRENT HOME/INDEPENDENT LIVING SKILLS:</b>
<b>FUTURE COMMUNITY PARTICIPATION:</b>	<b>CURRENT COMMUNITY PARTICIPATION:</b>
<b>ADULT SERVICES:</b>	<b>CURRENT ADULT SERVICES:</b>

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

SASID: \_\_\_\_\_ IEP Dates From: \_\_\_\_\_ To: \_\_\_\_\_

SPEDIS: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

# Individualized Education Program

## Transition

### Statement of Transition Service Needs (ages 16 - 21, or younger if appropriate)

School Year	Grade Level	Projected Courses to be taken each year.
	9th	
	10th	
	11th	
	12th	
	Ages 18-21	

Total number of credits required by this district for awarding a Regular Education diploma: \_\_\_\_\_

It is anticipated that this student will:

Graduate with a Regular High School Diploma.

**OR/AND**

Complete Educational Program or exit by the student's 21st birthday.

Anticipated month and year of graduation/completion of program: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

SASID: \_\_\_\_\_ IEP Dates From: \_\_\_\_\_ To: \_\_\_\_\_

SPEDIS: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

# Individualized Education Program

## Transition

### Statement of Needed Transition Services

(ages 16-21, or younger if appropriate)

Transition Services	Needs and Activities	Begin Date/ End date	Agency(ies) and Responsibilities
Instruction		to	
Community Experiences		to	
Employment		to	
Related Services		to	
Adult Living and Post-School Objectives		to	
Daily Living (if appropriate)		to	
Functional Vocational Assessment (if appropriate)		to	

# Individualized Education Program

Student Name: \_\_\_\_\_

Date \_\_\_\_\_

## IEP Team Members

Name: \_\_\_\_\_

Role: LEA Representative

Name: \_\_\_\_\_

Role: Special Education Teacher

Name: \_\_\_\_\_

Role: Regular Education Teacher

Name: \_\_\_\_\_

Role: Parent

Name: \_\_\_\_\_

Role: Parent

Name: \_\_\_\_\_

Role: Student (if appropriate)

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

I certify that the goals in the IEP are those recommended by the Team and that the indicated services will be provided.

Signature of LEA Representative: \_\_\_\_\_ Role: \_\_\_\_\_

## Parent Options / Response

Please indicate your response by checking at least one box and returning a signed copy to the district. (\*3)

I accept the IEP as developed

I reject the IEP as developed

I accept the IEP as developed with the following exceptions:

\_\_\_\_\_  
\_\_\_\_\_

If you disagree with the proposal and wish to resolve the matter by initiating due process proceedings, please reference the DOE website ([www.ed.state.nh.us/education/laws/RequestforDueProcessHearing.htm](http://www.ed.state.nh.us/education/laws/RequestforDueProcessHearing.htm)) or ask the district for the appropriate forms.

Your signature indicates that you have received the NH Procedural Safeguards Handbook for Special Education July 2005>(\*2)

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: (18 yrs. of age or older) (\*1) \_\_\_\_\_

Date: \_\_\_\_\_

As a parent/guardian of the child named above, I give permission for the school district and/or its fiscal agent to disclose information regarding my child's health-related services (date, type of service, and number of units) to state and/or federal MEDICAID agency representatives for the sole purpose of claiming reimbursement for health-related support services prescribed in my child's Individualized Education Program (IEP).

Signature: \_\_\_\_\_

(Parent or person in parental relationship)

Date: \_\_\_\_\_

(Month-day-year)

\*1. Required signature once the student reaches 18 (unless there is a court appointed guardian).

\*2. Procedural Safeguards/Parental Rights will be provided to every student on or before his/her 17th birthday to assure that the student understands that these rights will transfer to him/her upon reaching the age of majority (18).

\*3. The Parent/Guardian has 14 days to respond regarding approval/rejection of the IEP. The school will implement the IEP after 14 days if a response has not been given, unless this is the initial IEP.

## Secondary Transition Web Resources

- National Secondary Transition Technical Assistance Center: [www.nsttac.org/](http://www.nsttac.org/)
- National Center on Secondary Education and Transition: <http://www.ncset.org/>
- New Hampshire Department of Education: <http://www.ed.state.nh.us/education/>
- Wisconsin Statewide Transition Initiative, Indicator 13 Tools:  
<http://www.wsti.org/i13.php>
- APEX II NH School wide Dropout Initiative: <http://www.iod.unh.edu/apex.html>
- The IDEA Partnership for Secondary Transition:  
<http://www.ideapartnership.org/oseppage.cfm?pageid=53>
- The IDEA Partnership Communities of Practice: [www.sharedwork.org](http://www.sharedwork.org)