

Transition Requirements

"Helpful Hints"

UPDATED 2013

When planning for IEPT meetings keep the following Transition requirements in mind:

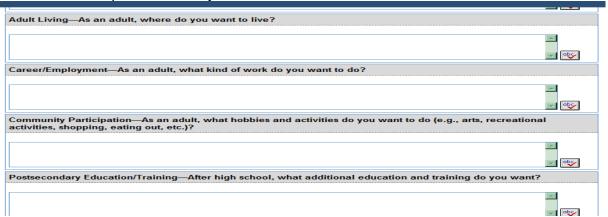
When addressing the invitation, write the parents' or guardians' names and the student's name.
 Ex. Mr. and Mrs. John Smith and Sally,
 Give a copy of the invitation to the student.

- 2. On the invitation: Invited persons should be identified by agency and job title.
 - Ex. ***Sharon Baker, MRS, Voc Counselor ***Jan Jones, Baker College Rep ***John Doe, CMH, Counselor

If the district plans to invite an agency that is likely to <u>provide or pay for transition services</u>, the parents/adult student must provide <u>prior consent</u> (see attached form) to invite that agency to the IEPT meeting. If the agency representative does not attend, do not identify agency responsibilities. Agencies are not aware of needed services unless a representative attends the meeting. SRESD providers do NOT need prior consent to attend.

If you anticipate transition services to be provided by the SRESD Transition Coordinator, invite her to attend the IEPT meeting. Do <u>not</u> write services on the IEP without input from the Transition Coordinator. Transition Coordinators must document services written in an IEP. (An IEP Amendment can address Transition Services.)

3. Age 14+ – Student's interests and preferences must be considered. A student's interests are aligned to the "Statement of Needed Transition Services", the Course of Study, and the EDP. Ask the student the four questions related to the student's post-secondary vision. Write them in the form of "I" statements. These questions must be updated annually.



4. Transition: Present Level of Academic Achievement and Functional Performance = PLAAFP

If the student will turn 16 during the course of the IEP, transition assessment and transition assessment data must be included in the PLAAFP. This will link the student's "needs" to "transition activities and services" identified within the IEP.

PLAAFP Example: On (date), the TPI (Transition Planning Inventory) results indicate a need in Employment (2.0) in the area of knowing job requirements and demands; Daily Living (2.0) in the area of managing money. The student has the following strength: . Follow the need with an activity in the Transition plan.

Connect "need" in PLAAFP to activities in Transition Plan:

Instruction: Explore Career Cruising activities at HS. Responsible: HS/Student

<u>Daily Living</u>: Family will assist "S" with budgeting her allowance. Responsible: Student/Family

5. Curriculum: MMC, Personal Curriculum, Certificate. (Choose 1 option.)

COURSE OF STUDY

Indicate how the student's course of study aligns with the postsecondary goals (check one):

V	Michigan Merit Curriculum (MMC) leading to a high school diploma. (effective for students who entered 8th grade in 2006-2007 school year or later). Is a MMC modification using Personal Curriculum on file? Yes No	
	Course of study leading to: High School Certificate or	
Anticipated graduation or completion date:		

6. The Michigan Career Pathways: (This must align with the student's postsecondary vision.)

STUDENT'S POSTSECONDARY GOALS (VISION) - MUST BE UPDATED ANNUALLY

*Data Sources Used:		
	Educational Development Plan (EDP) If EDP, select the Career Pathway:	
~	Arts and Communications	
ANI		
	Transition Assessment(s) (specify):	
	DATE Transition Planning Inventory	
~		

Arts and Communications: Arts, A/V Technology & Communications

<u>Business, Management, Marketing, and Technology</u>: Business, Management & Administration; Finance; Hospitality & Tourism; Information Technology; Marketing, Sales & Service

<u>Engineering/Manufacturing and Industrial Technology</u>: Architecture & Construction; Manufacturing; Science, Technology, Engineering & Mathematics; Transportation, Distribution & Logistics

Health Sciences: Health Sciences

Human Services: Education & Training; Human Services; Law, Public Safety & Security; Government & Public Services

Natural Resources and Agriscience: Agriculture; Food & Natural Resources

7. If the student is 16 and will turn 17 during the implementation of the IEP, be sure to $\boxed{}$ the correct box in "Parental Rights and Age of Majority". (IEP: Transition page top section.) Note: * on top line. Based on student need, you may need to check multiple boxes. See example below.

Required to be in effect when the student turns 16; recommended to consider at a younger age if determined appropriate by the IEP team. Secondary transition considerations must be updated annually thereafter.

PARENTAL RIGHTS AND AGE OF MAJORITY

Check all that apply

┍	* Check this box if at least one year prior to age 18, the student was informed of parental rights which transfer to the student at age 18.		
□	Check this box if the student has turned 18 and both the student and parent were informed of the parental rights that transferred to the student at age 18 including the right to invite a support person(s) such as a parent, other family member, advocate, or friend.		
፟	The student has turned age 18 and there is a guardian established by court order. The guardian is:		
П	The student has turned age 18 and a legally designated representative has been appointed. The representative is: [e.g., power of attorney, trustee).		

8. At the conclusion of the IEP,

- 1. Parent/Adult Student receives a copy of the IEP.
- 2. Provide a copy of the prior agency consent, if applicable.
- 3. Send the RESD the original signature page, notice and consent to invite agency.
- 4. In school file, keep copy of IEP, signature page, notice, and consent to invite agency.
- 9. Summary of Performance: Remind the student that he/she will be contacted 1 year after graduation/"age out" to complete a survey about the following:

SPP14

- a. How are you doing?
- b. Do you have a job? What kind of job do you have?
- c. Are you going to college? Or, are you participating vocational training, military experience, or other job training?

The following documents are attached:

- 1. Samples of Transition related activities/services. (Examples are also available in EdPlan.)
- 2. Prior Notice to Invite Agency
- 3. Summary of Performance Contact information



Below are <u>SAMPLES</u> of statements which could be used in the "Statement of Needed Transition Services" (p 3).

Please consider using terms like: explore, investigate, consider, probe, look into, check into, examine.

Needed Transition Activities/Services-describe the responsibilities of each participant. If completed, check the box.	Responsible Agency/Person	Timeline
Adult Living-ex. □Register to vote, □register for selective service, □take a driver's education class I and II, □obtain driver's license, □open a bank account, □ plan activities, □contact Social Security, □investigate housing, □continue to live with parents until graduation, □learn simple house maintenance, □learn about buying a car, □file taxes, □save money to buy a car, □informed that rights transfer to student at 18, prepare personal data sheet	Family/ Student's name Teacher/ School/ Agency, if applicable	Check dates that fill from EasyIEP
Daily Living Skills-ex. □Learn home safety, □take a foods course, □schedule and keep medical appointments, □investigate the cost of utilities and insurance, □learn to use the washer and dryer, □learn to use transportation available, □compare costs of items, □manage a daily planner, □ increase healthy habits / exercise, □buy clothing using a budget, □ responsibility to take own medication, □learn to care for children, □pack school lunch, □learn to spell personal information, □learn home phone number	Family/ Student's name Teacher/ School/ Agency, if applicable	Check dates that fill from EasyIEP
Functional Vocational Evaluation- If a Vocational Evaluation is needed, student will explore in 10 th grade. NA:	Student/School /Agency, if applicable	Check dates that fill from EasyIEP
Employment -ex. \square Prepare a cover letter and resume, \square memorize your social security number, \square investigate a summer job, \square plan a job interview, \square continue working at $\underline{\hspace{0.5cm}}$, \square explore after school opportunities, \square take a babysitter's course, \square contact a military recruiter, \square meet with an adult in the field of $\underline{\hspace{0.5cm}}$. \square plan a Job Shadow	Family/ Student's name Teacher/ School/ Agency, if applicable	Check dates that fill from EasyIEP
Community Experiences-ex. □Join a church or participate in church activities, □join the YMCA, □visit the library, □join a local theater group, □get involved with the Curwood Castle Days activities, □continue with 4-H or Scouts, □investigate the Explorers program, □learn to ride a bike or roller blades, □visit a courtroom while in session, □call and arrange a trip on SATA, □take classes at the Shiawassee Arts Council, □join a scrape book club, □check out swimming lessons, □check out the Art Club, volunteer at daycare, read to young children, investigate summer camp offerings,	Family/ Student's name Teacher/ School/ Agency, if applicable	Check dates that fill from EasyIEP
Related Services- ex. □ Family will investigate counseling at outside agency, □ (10 th - 12 th grade only) will explore MRS case opening, □case open with MRS	Family/ Student's name Teacher/ School/ Agency, if applicable	Check dates that fill from EasyIEP
Instruction-ex. □Follow Career Pathway:	Family/ Student's name Teacher/ School/ Agency, if applicable	Check dates that fill from EasyIEP



Student:		Date:				
School Dist	rict:	_ Grade:				
Parent(s), 0	Parent(s), Guardian(s), and/or Student(s),					
RE: Transit	RE: Transition Services					
other agend	services are being discussed at an IEF cies who are likely to be responsible for ervices must be invited.	O, 1				
	parent(s), guardians, <u>or</u> the student (18 <u>agencies to be invited</u> to the IEP meet	, ·				
to indicate	contacted me on that the following agency may be respo ervices; and therefore, may be invited t	nsible for paying or providing				
	Michigan Rehabilitation Services	(MRS)				
	Community Mental Health (CMH)					
	Family Court					
	Other:					
☐ Yes. I was contacted and approved the invitation of the above agency(ies) to the IEP meeting. (This consent is voluntary and may be revoked at any time.)						
Parent/Adu	It Student	Date				
□ No. I to the IEP r	was contacted and I did not approve the meeting.	e above agencies to be invited				
Parent/Adult Student Date						

Summary of Performance

IDEA 2004 — "For a child whose eligibility under special education terminates due to graduation with a regular diploma, or due to exceeding the age of eligibility, the local education agency shall provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals."

A Summary of Performance meeting may be held any time within the final semester of the student's school year. If the student needs the information sooner than 2nd semester for application to college, vocational trade school, or another training opportunity, the Summary of Performance may occur during the student's first semester of his/her final year.

SPP 14 – Post Secondary Survey

Please stress to the exiting student and parent(s) that they may be contacted 1 year after graduation to complete a survey sent by Wayne State University. The survey will ask questions about post-secondary training, education and work. Within EdPlan the student will be asked to provide 2 other sources of contact after high school. Please complete all information accurately.

The following information will be requested.

ase your contact information changes over the next year, please give us the name and address of someone who would always know where you are.				
Contact #1				
Contact Name:				
Vhat is this person's relationship to you?				
☐ Parent ☐ Brother/Sister ☐ Family Friend ☐ Other:				
2 ration 2 statistics 2 rating riteria 2 care.				
Contact Mailing Address:				
City: State: Zip Code:				
Contact Phone Number: O Home O Work O Cell				
Contact Email:				
Contact #2				
Contact Name:				
What is this person's relationship to you?				
☐ Parent ☐ Brother/Sister ☐ Family Friend ☐ Other:				
- Parent - Brother/Sister - Family Friend - Other.				
Contact Mailing Address:				
City: State: Zip Code:				
Contact Phone Number: O Home O Work O Cell				
Contact Email:				

☑ Student has been notified of the post-secondary survey for the Continuous Improvement Monitoring System.