

Delta County Joint School District No. 50

JOINT WITH DELTA, GUNNISON, MONTROSE, AND MESA COUNTIES

Special Services Building

1002 Hastings Street

Phone: 970-874-7607

Delta, Colorado 81416

Fax: 970-874-9505

INDICATOR 13 TRANSITION TEAM CHECKLIST

Student: _____

School: _____

<i>1st Rvw</i> Name/Date _____ 2 nd Review Name/Date _____	Office Rvw Date _____ Reviewer _____ Date sent to Casemgr for revision _____ Corrections due by: _____
*Student-led Meeting- Level 1 Level 2 Level 3	

*LEVEL 1- ATTENDS, INTRODUCTIONS
 LEVEL 2 – INVOLVED IN IEP DEVELOPMENT/PARTICIPATES IN MEETING
 LEVEL 3 – LEADS MEETING

Work-based Learning Evident? Yes No

*IEP
Section*

		Casemanager Review			2 nd Review		
		<i>Postsecondary Goals</i>			<i>Postsecondary Goals</i>		
		<i>Education/ Training</i>	<i>Employ- ment</i>	<i>Independent Living</i>	<i>Education/ Training</i>	<i>Employ- ment</i>	<i>Independent Living</i>
PSG	1. Are there appropriate measurable postsecondary goals that cover education or training, employment and, independent living?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
PSG	2. Are the postsecondary goals updated annually?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
Assess ments	3. Is there evidence that the measurable postsecondary goals were based on age-appropriate transition assessments ?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
	4. Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goals?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
	5. Do the transition services include courses of study that will reasonably enable the student to meet his or her postsecondary goal(s)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
PSG	6. Is (are) there annual IEP goal(s) related to the student's postsecondary goals/transition services needs?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
Notice of Mtg	7. Is there evidence that the student was invited to the IEP Team meeting where transition services were discussed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na
Agency Invite Form	8. If appropriate, is there evidence that a representative of any participating agency were invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N na

Work-Based Learning= career assessments, structured exposure to post-secondary education, career opportunities and life-long learning opportunities, raining to improve job and work place skills.

Does IEP meet **ALL** the requirements of Indicator 13? YES NO

revised 08/12/2014

Delta County Joint School District No. 50

JOINT WITH DELTA, GUNNISON, MONTROSE, AND MESA COUNTIES

Special Services Building

1002 Hastings Street
Delta, Colorado 81416

Phone: 970-874-7607

Fax: 970-874-9505