

Meeting Dates

IEP Effective From: _____ to _____

page ____ of ____

**INDIVIDUALIZED EDUCATION PROGRAM
Secondary Transition**

Student Last Name	First Name	Middle Initial	Date of Birth	Age	Gender	SASID
Home School			Current Grade	Current School		
School Contact Person's Name			School Contact Phone Number		School Contact E-mail	
Is the student an English Language Learner? Yes No			If yes, what is the student's home/native language(s)?			

My Family Contact Information:

Student						
First Name	Middle Name	Last Name			Home Phone	
Address			City	State	Zip Code	Cell Phone
Email	Home Native Language(s)		If interpreter needed, what language(s)		Work Phone	
Parent/Guardian						
First Name		Last Name			Home Phone	
Address			City	State	Zip Code	Cell Phone
E-mail	Home Native Language(s)		If interpreter needed, what language(s)		Work Phone	
Parent/Guardian						
First Name		Last Name			Home Phone	
Address			City	State	Zip Code	Cell Phone
E-mail	Home Native Language(s)		If interpreter needed, what language(s)		Work Phone	
Educational Surrogate						
First Name		Last Name			Work Phone	
Address			City	State	Zip Code	

Meeting Dates

IEP Effective From: _____ to _____

page ___ of ___

**IEP Team Meeting
Purpose of This Meeting**

____ Initial IEP ____ Annual Review ____ Reevaluation

Most recent evaluation date: _____ Next evaluation date: _____

Anticipated date I will graduate or reach age 21 _____

If this student will graduate or reach age 21 during time frame of this IEP, the summary of performance for this student will be completed on or before _____ (specify date).

**IEP Team Meeting Participants
Today's Date _____**

School Personnel

Role/Name (please print)	Signature showing attendance at meeting	Role/Name (please print)	Signature showing attendance at meeting
Student			
Parent(s)			
Parent(s)			
Regular Education Teacher			
Special Education Teacher			
Local Educational Agency Rep			

Agency Representatives

Agency	Specify (as needed)	Role/Name (please print)	Signature showing attendance at meeting

The student must be invited to the IEP meeting if a purpose of the meeting is consideration of post-school goals and transition services needed to assist student in meeting those goals. If the student did not attend the IEP meeting, how were student's preferences, interests, and goals obtained?

Meeting Dates

IEP Effective From: _____ to _____

page ____ of ____

Transition Assessments

My measurable post-school goals are based upon the following assessments

Date	Assessment Tool	Area		
		Education	Employment	Independent Living

My Measurable Post-School Goals

In the area of education and training, one year after I complete my high school education I plan to:

In the area of employment, one year after I complete my high school education I plan to:

(If appropriate for the student) In the area of independent living, one year after I complete my high school education I plan to:

Meeting Dates

IEP Effective From: _____ to _____
Present Levels of Academic Achievement and Functional Performance

page ____ of ____

Present Levels of Functional Performance		
Post-School Area	Strengths	Needs

Present Levels of Academic Achievement		
Post-School Area	Strengths	Needs

Areas to be addressed during the timeframe of this IEP

The areas checked below impact my post school success in education and training, employment and if appropriate independent living skills.

<p>Academic</p> <p>_____ Reading</p> <p>_____ Writing</p> <p>_____ Math</p> <p>_____ Language</p> <p>_____ Other (please specify) _____</p>	<p>Functional</p> <p>_____ Social Skills</p> <p>_____ Independent Living</p> <p>_____ Environmental Access/Mobility</p> <p>_____ Self-Determination/Self Advocacy</p> <p>_____ Communication</p> <p>_____ Other (please specify) _____</p> <p>_____ Behavior</p> <p>_____ Study Skills</p> <p>_____ Attention</p> <p>_____ Organization</p> <p>_____ Problem Solving</p>
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Transition Services I Need to Help Me Reach My Post School Goals

Area	Services	Who Will Help With This			When it will start	When it will end	
		School		Other Agency (name agency)			Family or Student
		Regular Education	Special Education				
Education and Training							
Employment							
Independent Living							

Meeting Dates

IEP Effective From: _____ to _____

page ____ of ____

Program of Study

Program of study I will take to help me reach my post-school goals:

Assurance of Transition Services

- Yes No I have been provided information about transition planning in the areas of education, training, employment and independent living.
- Yes No I agree that my measurable post-school goals are based upon age appropriate transition assessments and will reasonably enable me to reach my goals after I complete my high school education.

Academic Standards My Program Will Address

- _____ Grade Level Expectations
- _____ Grade Span Expectations
- _____ WIDA English Language Proficiency Standards
- _____ Alternate Assessment Grade Span Expectations (attach the completed Participation Criteria for the RIAA to the IEP)
- _____ Proficiency Based Graduation Requirements (PBGR)
- _____ Other, Please Specify _____

Meeting Dates

IEP Effective From: _____ to _____

page ____ of ____

My Measurable Annual Academic or Functional Goal(s)

Area of Need	Baseline: What I can do now. (You may attach a chart or graph.)		
Goal #	What I can do by the end of this IEP.	How my progress will be measured.	When progress will be reported to my parents and me.

Measurable Short Term Objectives or Benchmarks

These are the measurable steps along the way to help me achieve this goal.

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Considerations

In developing the IEP, did the IEP Team consider: (a) The strengths of the student? (b) The concerns of the parents for enhancing the education of their student? (c) The results of the initial or most recent evaluation of the student? (d) The academic, developmental and functional needs of the student?	Yes		If the IEP team cannot answer yes to each of these questions a-d, the team must review that factor and consider the impact of the general factor when developing this IEP.
Does the student's behavior impede his/her learning or that of others?	Yes	No	If yes, the IEP Team must consider the use of positive behavioral interventions and supports and other strategies to address the behavior.
Is the student an English Language Learner?	Yes	No	If yes, the IEP Team must consider the language needs that relate to this IEP.
Is the student blind or visually impaired?	Yes	No	
If yes, does the student need instruction in Braille or the use of Braille?	Yes	No	
Does the student have communication needs that could impede his/her learning?	Yes	No	If yes, the IEP Team must address communication needs.
Is the student deaf or hard of hearing?	Yes	No	If yes, the IEP Team must consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
Did the IEP Team consider whether the student needs assistive technology device(s) and service(s)?	Yes	No	If no, the IEP Team must consider whether the student needs assistive technology device(s) and service(s).
Does this student have a Personal Literacy Plan (PLP)?	Yes	No	If yes, the short term objectives must be aligned with the student's PLP, where applicable.
Does this student have an Individual Learning Plan (ILP)?	Yes	No	If yes, the short term objectives must be aligned to the student's ILP, where applicable.

Extended School Year Services

Does the Student require Extended School Year (ESY) services?

_____ Yes ESY services will be provided for this student and are described in the special education programs and services, related services, supplementary aids and services, program modification and supports for school personnel sections of this IEP.

_____ No

Meeting Dates

IEP Effective From: _____ to _____

page ___ of ___

Educational Environments

The educational environment for this student

- inside regular class 80% or more of the day
 inside regular class 79%-40% of the day
 inside regular class less than 40% of the day

Explanation of Nonparticipation in Regular Class, Extracurricular and Nonacademic Areas

Provide an explanation of the extent, if any, to which the student will not participate with nondisabled students in the regular class and in extracurricular and other nonacademic activities.

State/District-wide Assessment Accommodations*

Assessment Accommodation	Reading	Writing	Math	Science	Other

Student will participate in RI Alternate Assessment _____ Yes _____ No If yes, attach the completed Participation Criteria for the RI AA to the IEP.

Current AAGSE(s) assessed _____

*Please refer to the *NECAP: Accommodations, Guidelines, and Procedures: Administrator Training Guide*

Transfer of Rights

____ Yes ____ No I am 17 or will turn 17 during the timeframe of this IEP.

____ Yes ____ No I have been given a copy of the procedural safeguards and my family and I have been informed that my rights will transfer from my parent(s) to me when I reach 18 years of age.

Parental Consent for Initial Provision of Special Education and Related Services

Informed written parental consent is required before the initial provision of special education services. If this is the first IEP to be in effect for a student with a disability, the informed parent consent for special education services was obtained on _____.

Information for Parents

A copy of the procedural safeguards must be given to the parent(s):

- One time per school year
- Upon initial referral or parent request for evaluation
- Upon receipt of the first State complaint or due process complaint in a school year
- In accordance with discipline procedures
- Upon request by a parent

The school district must provide information for parents on the Local or Regional Advisory Committee on Special Education.

A parent's signature is not required for implementation of the IEP. The school district must provide written notice to the parent(s) 10 school days prior to implementation of the IEP.

Parents have the right to disagree with the IEP and, if necessary, request mediation or initiate a due process hearing as described in the procedural safeguards.

Meeting Dates

IEP Effective From: to

page ____ of ____

Present Levels of Functional Performance

Post-School Area

My Strengths

My Needs

Post-School Area	My Strengths	My Needs

Meeting Dates

IEP Effective From: to

page ____ of ____

Present Levels of Academic Achievement

Post-School Area

My Strengths

My Needs

Post-School Area	My Strengths	My Needs

Meeting Dates

IEP Effective From: to

page __ of

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page ____ of ____

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