District

Student Initials       DOB       Reviewer Initials       Compliant

Ohio ODE_195**Indicator 13 Checklist**

***Postsecondary Goals***

| **Questions** | **Education/**  **Training** | **Employment** | **Independent Living** |
| --- | --- | --- | --- |
| 1. Is there an appropriate measurable postsecondary goal or goals in this area? |  |  |  |
| Can the goal(s) be counted?  Will the goal(s) occur *after* the student graduates from school?  Based on the information available about this student, does (do) the postsecondary goal(s) seem appropriate for this student?   * If *yes* to all three, then circle Y OR if a postsecondary goal(s) is (are) *not* stated, circle N | | | |
| **Comments:** | | | |
| 1. Is (are) the postsecondary goal(s) updated annually? |  |  |  |
| Was (were) the postsecondary goal(s) addressed/ updated in conjunction with the development of the current IEP?   * If *yes*,then circle Y OR If the postsecondary goal(s) was (were) *not* updated with the current IEP, circle N | | | |
| **Comments:** | | | |
| 1. Is there evidence that the measurable postsecondary goal(s) were based on age appropriate transition assessment? |  |  |  |
| Is the use of transition assessment(s) for the postsecondary goal(s) mentioned in the IEP or evident in the student’s file?   * If *yes,* then circle Y OR if *no*, then circle N | | | |
| **Comments:** | | | |
| 1. Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)? |  |  |  |
| Is a type of *instruction, related service,* *community experience, or 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* listed in association with meeting the post-secondary goal(s)?   * If *yes,* then circle Y OR if *no*, then circle N | | | |
| **Comments:** | | | |
| 1. Do the transition services include courses of study that will reasonably enable the student to meet his or her postsecondary goal(s)? |  |  |  |
| Do the transition services include courses of study that align with the student’s postsecondary goal(s)?   * If *yes*, then circle Y OR if *no*, then circle N | | | |
| **Comments:** | | | |
| 1. Is (are) there annual IEP goal(s) related to the student’s transition services needs? |  |  |  |
| Is (are) an annual goal(s) included in the IEP that is/are related to the student’s transition services needs?   * If *yes*, then circle Y OR if *no*, then circle N | | | |
| **Comments:** | | | |
| 1. Is there evidence that the student was invited to the IEP Team meeting where transition services were discussed? |  |  |  |  |  |  |
| For the current year, is there documented evidence in the IEP or cumulative folder that the student was invited to attend the IEP Team meeting?   * + If *yes*, then circle Y OR if *no*, then circle N | | | |  |  |  |
| **Comments:** | | | |  |  |  |
| 1. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority? |  |  |  |  | Y N | Y N |
| 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 including but not **limited** to: *postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation* for this post-secondary goal?  Was consent obtained from the parent (or student, for a student the age of majority)?   * If *yes* to both, then circle Y * If *no* 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 * 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 * If parent or individual student consent (when appropriate) was *not* provided, circle NA | | | |
| **Comments:** | | | |
| **Does the IEP meet the requirements of Indicator 13?** (Check one)  **Yes** (all Yes or NAs for each item [1-8] on the checklist included in the IEP) or  **No** (one or more Nos) | | | |
| **Overall Comments for Record Correction:** | | | |

***Suggested Resources***:

1) The Transition Contact from your [State Support Team](http://education.ohio.gov/Topics/School-Improvement/State-Support-Teams) can provide technical assistance with correcting any identified errors.

2) For guidance, resources and best practices for transition planning, visit the [Secondary Transition Planning](http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Secondary-Transition-Planning-for-Students-with-Di) page of the Ohio Department of Education website, or the [National Secondary Transition Technical Assistance Center](http://www.nsttac.org/).