

District \_\_\_\_\_

Student Initials \_\_\_\_\_

DOB \_\_\_\_\_

Reviewer Initials \_\_\_\_\_

Compliant

### 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 <i>after</i> 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) <i>not</i> stated, circle N			
<b>Comments:</b>			
2. 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) <i>not</i> updated with the current IEP, circle N			
<b>Comments:</b>			
3. 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 <i>no</i> , then circle N			
<b>Comments:</b>			
4. 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 <i>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</i> listed in association with meeting the post-secondary goal(s)? • If yes, then circle Y OR if <i>no</i> , then circle N			
<b>Comments:</b>			
5. 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 <i>no</i> , then circle N			
<b>Comments:</b>			
6. 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 <i>no</i> , then circle N			
<b>Comments:</b>			

Questions	Education/ Training	Employment	Independent Living
7. 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 <i>yes</i> , then circle Y OR if <i>no</i> , then circle N			
<b>Comments:</b>			
8. 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?			
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 <b>limited</b> to: <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 student, for a student the age of majority)? • If yes to both, then circle Y • 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 • 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 <i>not</i> provided, circle NA			
<b>Comments:</b>			
<b>Does the IEP meet the requirements of Indicator 13?</b> (Check one)  <input type="checkbox"/> <b>Yes</b> (all Yes or NAs for each item [1-8] on the checklist included in the IEP) or <input type="checkbox"/> <b>No</b> (one or more Nos)			
<b>Overall Comments for Record Correction:</b>			

**Suggested Resources:**

- 1) The Transition Contact from your [State Support Team](#) can provide technical assistance with correcting any identified errors.
- 2) For guidance, resources and best practices for transition planning, visit the [Secondary Transition Planning](#) page of the Ohio Department of Education website, or the [National Secondary Transition Technical Assistance Center](#).