



**Department of
Education &
Workforce**

Secondary Transition Begins at Age 14

- In Ohio, secondary transition planning begins at age 14, or younger if determined appropriate by the IEP team.
- All elements for secondary transition planning must be included within the IEP that is in effect when the child turns 14.



Parent Invitation PR-02

PR-02 PARENT INVITATION

TO: _____

DATE: _____

FROM: _____

WRITTEN NOTICE NUMBER: _____

I am inviting you to attend a meeting to discuss the educational needs of:

CHILD'S NAME: _____

DATE OF BIRTH: _____

PURPOSE FOR MEETING (Check all that apply):

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> To determine if a child has a suspected disability | <input type="checkbox"/> To discuss transition from early childhood to school-age programs |
| <input type="checkbox"/> To develop an evaluation plan | <input checked="" type="checkbox"/> To discuss postsecondary transition goals |
| <input type="checkbox"/> To determine eligibility for services as a child with a disability | <input type="checkbox"/> To discuss disciplinary matters |
| <input type="checkbox"/> To develop, review, and/or revise the student's IEP | <input type="checkbox"/> At your request to discuss: _____ |
| <input type="checkbox"/> To determine reevaluation needs | <input type="checkbox"/> Other: _____ |

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

- Face to face meeting Video conference Telephone conference/Conference Call

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

- | | | |
|----------------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> General Education Teacher | <input checked="" type="checkbox"/> Student | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Intervention Specialist | <input type="checkbox"/> School Psychologist | "County Board of Developmental Disabilities" |
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> District Representative | |

Must obtain parental consent before inviting any outside agency.



Child Invitation

PR-02 PARENT INVITATION [Redacted]

TO: [Redacted] DATE: [Redacted]

FROM: [Redacted] WRITTEN NOTICE NUMBER: [Redacted]

I am inviting you to attend a meeting to discuss the educational needs of:

CHILD'S NAME: [Redacted] DATE OF BIRTH: [Redacted]

If the child does not attend the IEP meeting, the school district must take other steps to ensure the child's career preferences and interests are considered.

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

Face to face meeting Video conference Telephone conference Video Conference Call

DATE: [Redacted] TIME: [Redacted] LOCATION: [Redacted]

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THE MEETING:

General Education Teacher Student School Psychologist

Intervention Specialist District Representative

Speech and Language Pathologist

Must Invite to document

There are no exceptions to this requirement.

Transfer of Rights

IEP Individualized Education Program CHILD'S NAME: _____

15 SIGNATURES ← Signatures

INITIAL IEP

I give consent to initiate special education and related services specified in this IEP.*

I give consent to initiate special education and related services specified in this IEP except for **

AREA: _____

I do not give consent for special education and related services at this time.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IEP ANNUAL REVIEW (Not a Change of Placement)

I agree with the implementation of this IEP.*

I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.**

AREA: _____

Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IEP REVIEW (Change of Placement)

I give consent for the Change of Placement as identified in this IEP.*

I do not give consent for the Change of Placement as identified in this IEP.**

I revoke consent for all special education and related services.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

_____ YES NO IF NO, DATE SENT TO PARENTS: _____

Transfer of Rights at Age of Majority

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday. YES NO

CHILD'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

➤ When the child turns 18 all rights transfer from the parent to the child.

Unless.....

➤ The child is legally determined to be unable to take on this responsibility.

At least one year before the child turns 18, the IEP MUST include signatures indicating the child and the parent or guardian have been INFORMED that this transfer will take place.

← Indicating

Outside Agencies

Representatives of other agencies that may pay for, or provide, the transition services in the IEP.

MUST

Be invited to the IEP meeting where TRANSITION is discussed.

If the agency FAILS to provide an agreed upon transition service, the IEP team MUST reconvene to IDENTIFY alternative strategies to implement the transition services.

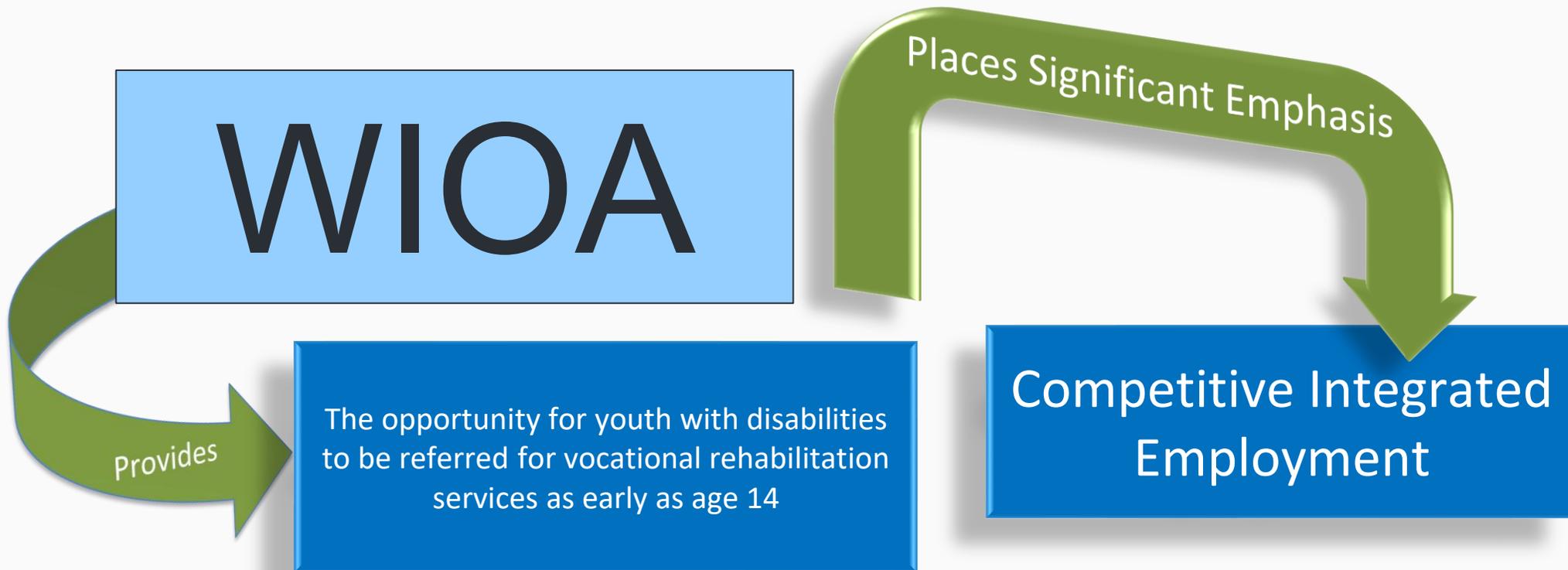
Workforce Innovation and Opportunity Act (WIOA)

PURPOSE

- Increase access to employment, education, training and support services
-
- Assist individuals with disabilities, including those with the most significant disabilities, to succeed in the competitive labor market



Workforce Innovation and Opportunity Act



Ohio Revised Code 5123.022



COMPETITIVE INTEGRATED EMPLOYMENT

MEASURABLE POSTSECONDARY GOAL:

Age Appropriate Transition Assessment regarding Competitive Integrated Employment (indicating student's needs, strengths, preferences and interests)

COURSES OF STUDY:

TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	PROJECTED END DATE	FREQUENCY	PERSON/AGENCY RESPONSIBLE	
					+
					-

Promote

Competitive Employment in an Integrated Setting.

Section 511 WIOA

- Required steps that must be taken prior to using special wage certificates to pay subminimum wages
- School personal must be aware of these 3 required steps, which include:

1. Pre-employment transition services or transition services have been provided
2. Applied for vocation rehabilitation services and found either ineligible or case closed without an employment outcome
3. Provided career counseling along with information and referrals to public programs and other locally available resources



WIOA Section 511 (continued)

- Ensure that individuals with disabilities have a meaningful opportunity to prepare for, obtain, maintain, advance in, or regain competitive integrated employment
- For guidance memo and documentation templates go to ODEW's website and search keyword "WIOA."
- Ensure that children with disabilities and their parents are aware of these requirements.

WIOA Section 511 PROHIBITS

The Ohio Department of Education and Workforce and school districts from contracting or developing other arrangements with entities that hold a 14 (c) subminimum wage certificate, in order to pay students' subminimum wage.



Transition Planning Components

Summary of Performance

Annual IEP Goal(s)

Course(s) of Study

Transition Services/Activities

Appropriate Measurable Postsecondary Goals

Age-Appropriate Transition Assessments

Future Planning

Transition Planning STARTS with Future Planning



Age-Appropriate Transition Assessment (AATA)

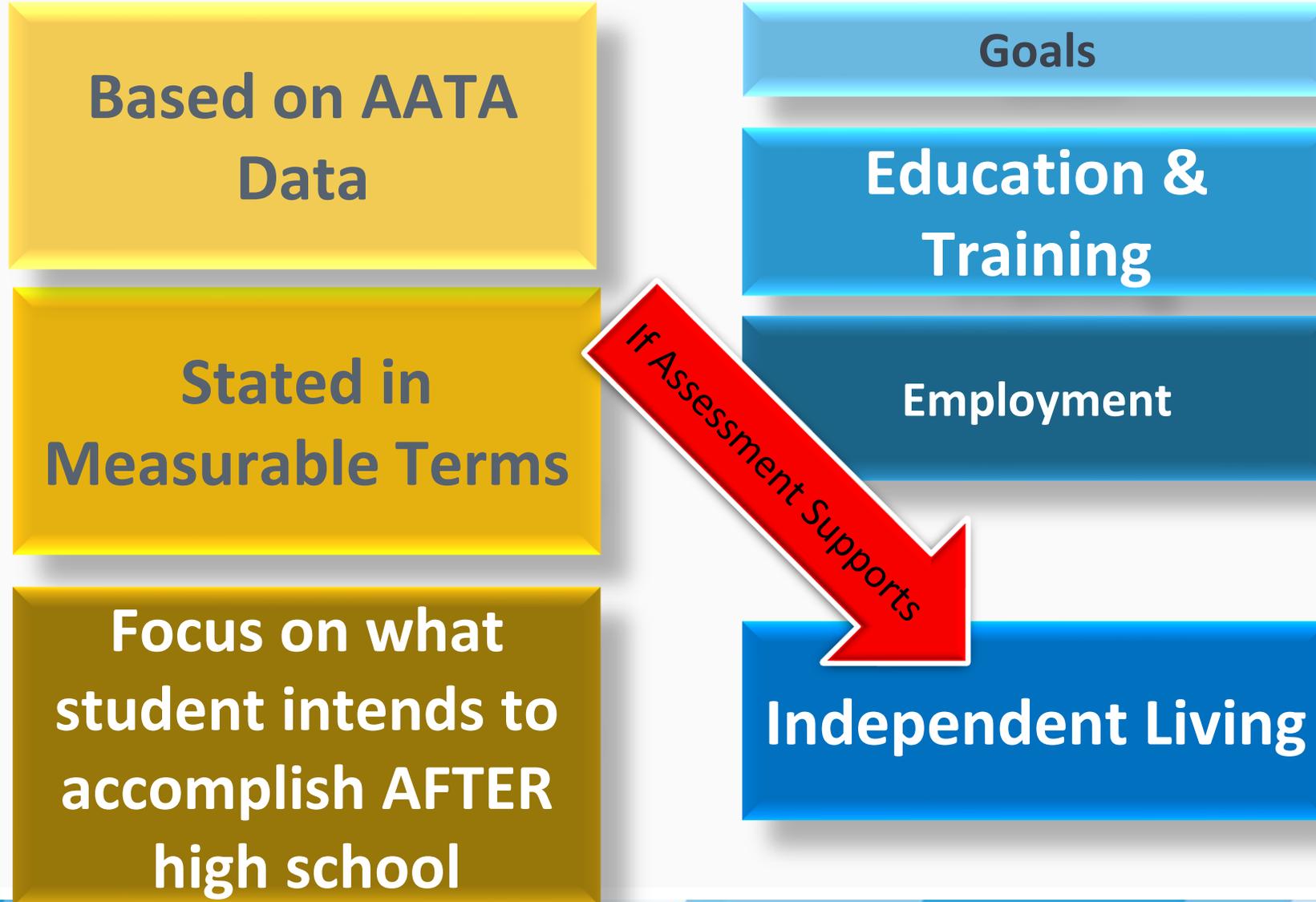


AATA Resources:
www.ohioAATAlibrary.org



Department of
Education &
Workforce

Postsecondary Goals



Education and Training

Postsecondary Goals

Might include:

- On the job training
- 2 or 4-year college
- Adult education
- Apprenticeship
- Vocational and technical training with or without certification
- Military
- Volunteering
- Supported employment



Competitive Integrated Employment Postsecondary Goals

- Must be the first consideration for ALL individuals with disabilities
- Compensated at or above the minimum wage
- Includes supported or customized employment

Competitive Integrated Employment:
Is work in the competitive labor market that is performed on a full or part-time basis in an integrated setting.

Integrated Setting:
Means an employment setting typically found in the community.



Independent Living Postsecondary Goals

- Must be considered if there are areas in the AATA data, IEP profile or ETR that supports a need.
- May not if the following two criteria are BOTH met:
 - ✓ Data-based documentation demonstrates no need;
 - ✓ IEP team agrees there is no need.

- Self-Advocacy
- Management of home and personal finances
- Using public transportation



Update Postsecondary Goals

- Updated annually using newly collected AATA data
 - ❖ Reflect new student interests and or experiences

Goals may remain the same if the data does not support a change (rationale for this decision must be clearly documented).

- **Postsecondary Goals Should**

- ❖ Show evidence of refinement
- ❖ Be more specific as student gets older
- ❖ Not be vague or generic postsecondary goals
- ❖ Become increasingly detailed and focused over time

Inappropriate

Transition Services

Coordinated set of activities that is designed to be within a results-oriented process

- Individualized to each student's needs, preferences, strengths and interests
- District is responsible for providing services and activities
- Improve academic and functional achievement
- Facilitate the student's movement from school to post-school activities

Not the Student or Parent

Including postsecondary education, vocational education, integrated employment, continuing adult education, adult services, independent living or community participation

Transition Services (continued)

Although the school district is NOT responsible for the students meeting the postsecondary goals after graduating from or exiting high school

They ARE

Providing transition services that will ...

Reasonably

Enable students to move towards attainment of goal.



Transition Services

IEP must include at least one transition service
relating to each postsecondary goal

May be developed in the areas of:

- Instruction
- Related services
- Community experiences
- Employment objectives
- Daily living skills (if appropriate)
- Functional vocational evaluation (if appropriate)

**Not meant to be a
stand-alone
service**

Transition Services and Activities

Student/parent may NOT be the person or agency responsible for a transition service

Sally will...



The Intervention Specialist will...

School Districts must do more than “provide an opportunity”

The Intervention Specialist will provide an opportunity to...



The Intervention Specialist will teach...



Evidence of Transition Services

Evidence may include, but is not limited to:

Anecdotal
Records

Checklists

Work
Samples

Rubrics



Course of Study

Students must satisfy curriculum requirements to earn a high school diploma.
The curriculum must be based upon:

Ohio Learning Standards
OR
Ohio Learning Standards
Extended

Course of study could also include any of the following:

Career-technical education program courses (related to postsecondary goals)
High school courses for postsecondary credit
Advanced Placement courses
International Baccalaureate courses



Annual IEP Goals

5 POSTSECONDARY TRANSITION
POSTSECONDARY TRAINING AND EDUCATION
MEASURABLE POSTSECONDARY GOAL:

Age Appropriate Transition Assessment regarding Post Secondary Training and Education (indicating student's needs, strengths, preferences and interests)
COURSES OF STUDY: _____ NUMBERS OF ANNUAL GOAL(S) Related to Transition Needs _____
TRANSITION SERVICE/ACTIVITY PROJECTED BEGINNING DATE PROJECTED END DATE FREQUENCY PERSON/AGENCY RESPONSIBLE
TYPE OF EVIDENCE INDICATING THE TRANSITION SERVICE HAS BEEN COMPLETED
 A. Anecdotal Record D. Rubric
 B. Checklist E. Other (list)
 C. Work Sample

IEP Individualized Education Program CHILD'S NAME: _____ DOB: _____ ID Number: _____
6 MEASURABLE ANNUAL GOALS
NUMBER: 1 AREA: _____
PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
MEASURABLE ANNUAL GOAL

This will be documented in Section 5 of the IEP.

Related

There must be an annual goal in Section 6 of the IEP that are related to the transition service needs identified in the areas of education/training, employment and independent living.



Summary of Performance (SoP)

- Federal Requirement for all students with disabilities who are graduating or exceed the age of eligibility
- Completed by the IEP team and must be reviewed with the student and parents as the student prepares to exit high school
- Recommended that school districts provide an SoP for students leaving school for other reasons
- Provides a summary of academic achievements, functional performance and recommendations



Purpose of the Summary of Performance (SoP)

**Provide
Guidance**

**Assist in transition
from high school
to post-high
school activities**

**Provide
summative
documentation**



Summary of Performance (SoP)

OP-8 Summary of Performance (Optional Form) District: _____

Student's Name: _____ Grade: _____ Anticipated Exit Date: _____
Case Manager: _____

1. Summary of Student's Academic Achievement and Functional Performance:

2. Student's Post-Secondary Goals (from IEP):

3. Recommendations to Assist Student in Meeting Post-Secondary Goals:

Name	Title	Phone
_____	_____	_____
School	Date of Meeting	

4. **Student Input:** Review these questions with the student prior to the completion of the Summary of Performance. (Questions may be read to the student and recorded by the teacher as an accommodation, if necessary.)

A. How, or in which areas, does your disability affect your school work and school activities? Activities such as: grades, relationships, assignments, projects, communications, time on tests, mobility, or extra-curricular activities. Please describe how these areas are affected, both positive and negative.

B. What supports or accommodations have helped you success in school? Supports such as: adaptive equipment, extra time on tests and assignments, audio books, teacher notes, alternative assignments, tutoring and extra instructions, or other supports. Please explain:

C. What supports or accommodations do you feel you will need to achieve your goals after high school?

D. If you believe you will need services, supports, programs or accommodations, have you and your family made connections with adult agencies that can help you meet these needs? (Explain)

Student Signature

Date

OP-8 Summary of Performance (Optional Form) District: _____

This form is used to:

- Comply with the requirement for a "Summary of Performance" in IDEA 2004, Section 614(c)(5)(B)(i).
The Summary of Performance:
 - Provides information to students who are graduating with a regular diploma to assist them in meeting their post-secondary goals; and
 - Provides information to students who are leaving school because they exceed the age of eligibility for a free appropriate public education (their 22nd birthday) to assist them in meeting their post-secondary goals.
- IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period for other reasons. ODE recommends that school districts provide a Summary of Performance for these students also.

Directions:

- Enter student's name, grade, case manager or intervention specialist and anticipated exit date. The exit date should be the same as the exit date information on the student's IEP.
- Write a summary of the student's academic achievement and functional performance. This statement may include:
 - *How the student's disability has affected the student's academic achievement and functional performance;
 - The student's academic and functional strengths;
 - *The results of the student's most recent state or district assessments;
 - The results of any college entrance examinations (e.g. SAT, ACT);
 - *The results of the most recent special education evaluation of the student;
 - *A description of any other relevant information concerning the student's high school career;
 - Any honors or special awards the student achieved in high school; and
 - Any vocational or extracurricular accomplishments of the student.
- List the student's post-secondary goals from the student's most current IEP.
- Write any recommendations for assisting the student in meeting the post-secondary goals after exiting from K-12 education. These may include:
 - Recommendations for accommodating the student's disability in the workplace or post-secondary education setting; and
- Enter name and title of teacher or provider completing summary, the name of the school district, a contact phone number for the teacher or provider, and the date of the meeting.



Progress Monitoring & Updates

OP-6B TRANSITION PROGRESS REPORT School Year: _____ District Name: _____

Student Name: _____ Student ID: _____ Grade: _____

Date: _____ Reporting Period: _____

TRANSITION SERVICE/ACTIVITY PROGRESS REPORT

POSTSECONDARY TRAINING AND EDUCATION

Goal: _____

Transition Service/Activity	Summarize the Outcome(s)	Status
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed

Comments: _____

POSTSECONDARY COMPETITIVE INTEGRATED EMPLOYMENT

Goal: _____

Transition Service/Activity	Summarize the Outcome(s)	Status
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed

Comments: _____

POSTSECONDARY INDEPENDENT LIVING (as appropriate)

Goal: _____

Transition Service/Activity	Summarize the Outcome(s)	Status
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
		<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed

Comments: _____

The following elements must be included if using a district-created form instead of Form OP-06B: Date, Reporting Period, Postsecondary Goals, Transition Services/Activities, Summary of Outcome(s), and Status.

Progress on Transition Services/Activities must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, the progress report must be provided to all parents of a child with a disability.

- Must be evidence from the previous IEP to the current IEP.
- IEP team consider new information or student needs.
- Evidenced by documentation of progress or completion of transition services and activities.



Ohio's Indicator 13 Checklist

- Reflects the 8 required compliance elements in the secondary transition section of the IEP.
- Every question on the checklist must be answered “Yes” or “Not Applicable.”
- Available on ODEW's website.



Transition Service

Shall be provided by individuals who have:

- ❖ Competencies
- ❖ Experiences
- ❖ Training

To meet the individual student's Transition Service Needs

Individuals Coordinating
Transition

MUST

Obtain the Transition to Work Endorsement
OR
Possess the skills and knowledge listed on next slide



Individuals Coordinating Transition Services

Possess the skills and knowledge to:

Facilitate

Plan

Communicate

Coordinate

Utilize

Assist

Link

Create

The Transition to Work Endorsement is currently required in Ohio for individuals working in the capacity of a Job Training Coordinator.



Secondary Transition Plan Progress Report

OP-6B TRANSITION PROGRESS REPORT

School Year: District Name:

Student Name: Student ID: Grade:

Date **1.** Reporting Period

TRANSITION SERVICE/ACTIVITY PROGRESS REPORT

POST SECONDARY TRAINING AND EDUCATION

Goal:

Transition Service/Activity	Summarize the Outcome(s)	Status
<input type="text"/>	<input type="text"/>	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
<input type="text"/>	<input type="text"/>	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
<input type="text"/>	<input type="text"/>	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
<input type="text"/>	<input type="text"/>	<input type="radio"/> Not Started <input type="radio"/> In Progress <input type="radio"/> Completed
Comments	<input type="text"/>	

2. List

3. Summarize

4. Indicate

Have they Started?

Are they in Progress?

Have they been Completed?

The report is to be completed and distributed as frequently as the IEP Progress Report.

FOR MORE INFORMATION

For more information, please visit:

- [Secondary Transition and Workforce Development for Students with Disabilities | Ohio Department of Education and Workforce](#)
- <https://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/>
- AATA Resources: www.ohioAATAlibrary.org

For further support, contact your State Support Team (SST). To find your SST, please visit: <https://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/State-Support-Teams>



THANK YOU!

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