***Massachusetts Postsecondary Transition Planning Checklist for Indicator 13***

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SASID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Primary Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Need\_\_\_\_\_\_\_\_\_**

**District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of IEP Meeting \_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Transition Planning Form (28M/9)** | | | |
| 1. Is there a completed Transition Planning Form (28M/9) in the student’s file? | Y | N |  |
| 2. Date form last completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Does the student's Vision Statement on the IEP and Transition Planning Form include:** | | | |
| 3. Appropriate measurable postsecondary goal(s)? | Y | N |  |
| 3a. If there are appropriate measurable postsecondary goals, are these goals updated annually? | Y | N | NA |
| 3b. If there are appropriate measurable postsecondary goals, are these goals based on age-appropriate transition assessment? | Y | N | NA |
| **Does the student’s IEP include:** | | | |
| 4. Transition services, including courses of study, that will reasonably enable the student to meet these postsecondary goals? | Y | N |  |
| 5. Measurable annual skill-based IEP goals related to the student’s transition services needs? | Y | N |  |
| **Is there evidence that:** | | | |
| 6. The student was invited to the IEP Team meeting where transition services are to be discussed? | Y | N |  |
| 7. If appropriate, was a representative of any participating agency invited to the IEP Team meeting, with the prior consent of the parent or student who has reached the age of majority? | Y | N | NA |
| **Notes** | | | |
|  | | | |
| **Typed Name: Role:** | | | |

*Massachusetts Department of Elementary and Secondary Education, May 2012*