

## Vermont Indicator 13 Checklist – Self-Assessment for Special Educators

Purpose Statement: For use as a reference document when writing IEP Transition Plans.

Student Name:	Supervisory Union:
Reviewer's Name:	Case Manager:

## **Element #1 Student Invitation**

Is there evidence that the student was invited to or participated in the IEP Team meeting where transition goals and services were discussed? Invitations should be sent a reasonable amount of time prior to the IEP meeting. As a best practice, sending meeting invitations at least 5-10 days before the meeting is recommended.

Yes No

#### **Element #2 Outside Agencies**

Is there evidence that a representative of any participating agency was invited to the IEP Team meeting or that the student/family refused the involvement of any outside agency? As a best practice, sending meeting invitations at least 5-10 days before the meeting is recommended.

Yes No

#### Element #3 Transition Assessment Summary (Measuring strengths, needs, preferences and interests)

Is there evidence that the measurable postsecondary goals/outcomes were based on transition assessments that were completed before the IEP transition plan meeting? Are the names and dates of assessments present? Yes No

# Element #4 Postsecondary Goals (Written as outcomes – e.g., "will be enrolled", "will be employed", "will participate", - not as a process) Is there an appropriate measurable postsecondary goal/outcome in this area? Has Independent Living been considered?

Is there an appropriate m	easurable p	ostsecondar	y goal/oi
Education/Training:	Yes	No	
Employment:	Yes	No	
Independent Living:	Yes	No	N/A

#### **Element #5 Annual IEP Transition Goals**

Are there annual IEP transition goals designed to support the student in meeting the postsecondary goals? Annual IEP transition goals should address skills the student needs based on how their disability impacts their future education/training, employment and independent living (where appropriate). Annual IEP transition goals should be in SMART goal format and it should be clear by what date the student needs to meet the goal.

Education/Training:	Yes	No	
Employment:	Yes	No	
Independent Living:	Yes	No	N/A

## Element #6 Postsecondary Goals Updated Annually

Are the postsecondary goals/outcomes updated annually?			
Education/Training:	Yes	No	
Employment:	Yes	No	
Independent Living:	Yes	No	N/A

## **Element #7 Transition Services**

Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goals/outcomes?

Education/Training:	Yes	No	
Employment:	Yes	No	
Independent Living:	Yes	No	N/A

## Element #8 Course of Study

Does the Course of Study clearly list all the courses necessary to support the student in the achievement of his or her postsecondary goals, from the current year to the anticipated graduation/exit year? Make sure the chart lists the courses by year. These are the courses that the IEP team believes to be most critical in supporting the student in meeting the postsecondary goals.

or

Yes No

## Does the IEP meet the requirements of Indicator 13? (Circle one)

Yes (all Ys or NAs for each item [1-8] on the checklist included in the IEP are circled)

#### No (one or more Ns are circled)

#### **Contact Information:**

If you have questions about this document or would like additional information, please contact:

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