

Transition IEP Meeting Agenda

Student: _____ **Meeting Date:** _____

1. Introductions and pass around sign-in sheet!
2. Overview:
 - Student strengths
 - Educational concerns of parent or student
 - Discussion of Potential Recovery Plan Options
 - Needs identified in most recent evaluation (Pull these off current Eval)

2. Current Services, Present Level, Goals (from IEP and progress reports)

Present Level:

Goal 1

Goal 2

Goal 3

Goal 4

Possible New Goals:

- 1.
- 2.
- 3.
- 4.

Services:

- Special Education
- Speech/Language
- OT
- PT
- DAPE
- Nurse
- PCA
- Para
- Other

Transition Services:

A. Measurable Postsecondary Goals

- a. Post Secondary Education & Training:
- b. Employment:
- c. Independent Living:

B. Courses of Study:

School Year:	Grade Level:	Courses to be Taken:

C. Transition Services

	Activity:	Agency Providing Service on the IEP:
Instruction		
Related Services		
Community Participation		
Development of employment and other post-school adult living objectives		
Acquisition of daily living skills and provision of a functional vocational evaluation		

D. Transfer of Rights at Age of Majority: (Discussed Prior to 18th Birthday)

Date Discussed: _____

E. Educational options for students age 18-21: (if applicable)

3. Effect of Disability in General Curriculum (How is the student's disability affecting him/her in the classroom?)

4. Accommodations and Modifications (including AT and transportation)

- Special Ed. bus – who can receive the student?
- Student follows district discipline policy
- Student has modifications to the district discipline policy
- Behavior Intervention Plan or Behavior Support Plan

5. ESY

- More Data Needed
- No
- Yes – include data to support decision
 - Regression/recoupment
 - Unique Learner Need
 - Self-sufficiency

6. District and Statewide Testing

FAST - Accommodations, if needed _____

MCA – Accommodations, if needed _____

- Alternate Assessment: MTAS

OTHER - Accommodations, if needed _____

7. Least Restrictive Environment (What subject(s) is the student missing when in the resource room or working with service provider?)

8. Altered School Day

- Yes - Reason _____
- No

9. After school programs/extracurricular activities:

10. Options considered, but rejected: