### TRANSITION PLAN ATTACHMENT

Required for students 16 years of age during IEP year (consider at a younger age if determined appropriate by the IEP team)

#### Parental Rights and Age of Majority (Check all applicable)
- [ ] If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- [ ] If the student has turned age 18, the student and parent were informed of the parental rights that transferred to the student at age 18.
- [ ] The student has turned age 18 and a legally designated representative has been appointed (e.g., power of attorney, guardian, etc.). The representative is: ____________________________

### STUDENT’S POSTSECONDARY GOALS

#### Data sources:
- [ ] Required Transition Assessment Date: ____________________________
- [ ] EDP Date: ____________________________
- [ ] Other: ____________________________

#### IEPT meeting attendance:
- [ ] The student attended the IEPT meeting
- [ ] The student did not attend the IEPT meeting
  - If the student did not attend the IEPT meeting, describe the steps taken to ensure consideration of the student’s strengths, preferences, and interests:
    ____________________________________________________________________________

#### Training: After high school, what additional training do you want? (Vocational program, or short term job training, or?)

#### Education: After high school, what additional education do you want? (Continuing adult education, or two or four year college, or?)

#### Employment: As an adult, what kind of work do you want to do?

#### Independent Living (when appropriate): As an adult, consider community participation (eating out, shopping, hobbies, churches, etc.). Where do you want to live? What will you do for transportation, etc.?

### COURSE(S) OF STUDY

Check one:
- [ ] Michigan Merit Curriculum leading to a High School diploma
- [ ] Course(s) of study leading to a certificate of completion

OR

Comments:

<table>
<thead>
<tr>
<th>School Year</th>
<th>Age or Grade</th>
<th>Describe How Course(s) of Study Support Student’s Postsecondary Goal(s)</th>
</tr>
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<tbody>
<tr>
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Anticipated graduation or completion date: ____________________________

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<table>
<thead>
<tr>
<th>Needed Transition Services and Activities Related to Student’s Postsecondary Goals and Present Level of Academic Achievement and Functional Performance.</th>
<th>Agency/Title of Person Responsible</th>
<th>Expected Completion Date</th>
</tr>
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| ■ All areas below must be considered.  
■ Describe needed services/activities in at least ONE area.  
■ Describe responsibilities of each participant. | | |

- [ ] Instruction

- [ ] N/A (explain)  

- [ ] Related Services (community based)

- [ ] N/A (explain)  

- [ ] Community Experiences

- [ ] N/A (explain)  

- [ ] Development of Employment

- [ ] N/A (explain)  

- [ ] Other Post-School Adult Living Objectives

- [ ] N/A (explain)  

- [ ] Acquisition of Daily Living Skills (when appropriate)

- [ ] N/A (explain)  

- [ ] Functional Vocational Evaluation (when appropriate)

- [ ] N/A (explain)  

**AGENCY REPRESENTATION**

A representative from any other agency likely to be responsible for providing or paying for transition services must be invited to attend each IEPT meeting. NOTE: Consent is required prior to each IEPT meeting when inviting agency representatives.

- [ ] There was NO need to invite a community agency representative.

- [ ] There was a need to invite a community agency representative likely to provide or pay for transition services.

- [ ] Consent was obtained  
  Date:  

- [ ] Consent was NOT obtained?  
  Reason:  

Did the community agency representative attend the IEPT?  

- [ ] YES  
- [ ] NO

Note: If the designated agency fails to provide the recommended service(s), the public agency responsible for the student’s education shall call a meeting to identify alternative strategies and, if necessary, revise the IEP.

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