

TRANSITION TO ADULT LIFE
 (This page must be completed no later than the student's 16th birthday and every year thereafter)

Student Name _____ D.O.B. _____ Meeting Date _____

Student was invited to IEP meeting. *If student was not present at the IEP meeting, note how his/her input was obtained.*
 Conference Interview Other: _____

Age appropriate Transition Assessments (must be done prior to age 16 – update annually as appropriate):

Career Interest tool: _____ Date: _____
Use results along with skills/aptitude tools below to assist in determining preferences and interests.

Skills/Aptitude tool: _____ Date: _____
Use results to determine needs related to transition goals.

Other: _____ Date: _____

After exiting high/postsecondary school, student hopes to achieve the following Outcomes, based on his/her preferences and interests: *There must be Outcomes in the first two areas with a related Annual Goal for each. If appropriate, address Independent Living and develop an Annual Goal.*

Training/Education (i.e., technical school, college) Within _____ years of exiting school, will _____
 See Annual Goal # _____ to address needs related to the above Outcome.

Employment (supported or independent) Within _____ years of exiting school, will be employed in _____
 See Annual Goal # _____ to address needs related to the above Outcome.

Independent Living Within _____ years of exiting school, will _____
 See Annual Goal # _____ to address needs related to the above Outcome.

Outcomes above were updated for this IEP based on new assessment and/or student interview.

Transition services that will reasonably enable student to meet the above Outcomes: *There must be at least one service to address each of the Outcomes noted above. Services may include development of employment and other post-school adult living objectives, instruction, community experiences, related services, daily living skills, or functional vocational evaluation.*

Services	Activities	Location	Provider

Additional Related Services to reasonably enable student to meet the above Outcomes are on the Student Information and Services page.

Course of Study that will reasonably enable student to meet the above Outcomes
 Instructional Program: _____ Specific course(s) recommended to attain above Outcomes: _____

Notice of Transfer of Rights

Family/student were informed that all rights will be/were transferred to the student at age 18. *See Adult Student Rights.*

TRANSITIONING FROM PUBLIC SCHOOL TO ADULT AGENCIES
(This page must be completed no later than the student's 16th birthday and every year thereafter.)

Student Name _____ D.O.B. _____ Meeting Date _____

GRADUATION/EXIT CONSIDERATIONS

- Diploma Diploma with EC60852.3 Exemption
 Certificate of Achievement/Completion Other _____

Note: Graduation from high school with a regular diploma is a change of placement that ends the district's obligation to provide a Free Appropriate Public Education (CFR 300.102(a)(3)(1)).

Student will take California High School Exit Exam as follows: *(All students must take in tenth grade and until passed, unless participating in CAPA.)*

	VARIATIONS	ACCOMMODATIONS	MODIFICATIONS
ELA			
MATH			

Credits Earned: _____ Credits Still Needed to Graduate: _____

Plans for continued participation in public school after gr. 12: _____ Anticipated date of exit from public school: _____

INFORMATION ABOUT AGENCIES SERVING ADULTS WITH DISABILITIES

Agency currently serving: _____ Contact name: _____
 Contact phone: _____ Contact email: _____

Adult Agency representative(s) invited to this IEP (Check one):

- N/A – Reason: Too early to determine if student will need outside agency involvement for transition. OR No agency is likely to provide transition services.
 No – Reason: Parent/Adult Student did not give consent to invite agency.
 Yes –

Agency	In attendance	If not in attendance, note how agency input was obtained:

Adult Agencies which may provide/assist with transition services in the future:

Name	Service(s)

Referral(s) to be made to:	Person(s) responsible	By date