



Transition Documentation Checklist

System _____

Date _____

NAME	1. POSTSECONDARY (PS) GOAL FOR EMPLOYMENT	2. POSTSECONDARY (PS) GOAL FOR EDUCATION/TRAINING	3. POSTSECONDARY (PS) GOAL FOR INDEPENDENT LIVING	4. ANNUAL IEP TRANSITION GOALS TO MEET PS GOALS	5. PS GOALS BASED ON TRANSITION ASSESSMENTS	6. TRANSITION SERVICES (ACTIVITIES) ACADEMIC AND/OR FUNCTIONAL TO FACILITATE MOVEMENT TO PS GOALS	7. COURSE OF STUDY TO FACILITATE MOVEMENT TO PS GOALS	8. STUDENT INVITED TO IEP MEETING	9. AGENCY REPRESENTATIVE MEETING INVITED TO MEETING	10. PRIOR PARENTAL CONSENT FOR AGENCY REPRESENTATIVE TO ATTEND	ALL AREAS IN COMPLIANCE (Y=YES, N=NO)