

Secondary Transition Student File Compliance Worksheet

Student ID:	Student Disability Area:	Date of Review:	All Items Compliant (Y/N):	
Student Name:		Student Grade:		
School/Campus:		Student Case Manager:		
IDEA Regulation and Item	Education/ Training	Employment	Independent Living	
1. There is an appropriate measurable postsecondary goal that addresses education or training, employment, and independent living (if applicable) after high school.				
Will the goals occur after the student graduates from school? Based on the information available about this student, do these postsecondary goals seem appropriate for the student? • If yes to both, mark Y OR if one of these questions was answered <i>no</i> , mark N				
2. Postsecondary goals were updated annually .				
Were the postsecondary goals addressed or updated in conjunction with the development of the current IEP? • If yes, mark Y OR if goals were not addressed or updated mark N				
3. Postsecondary goals were based on age appropriate transition assessments .				
Does the assessment relate to the student's transition plan? Does the IEP document the date and result of the transition assessment? Has at least one assessment been performed in the past year? • If yes to both, mark Y OR if one of these questions was answered <i>no</i> , mark N				
4. There are transition services in the IEP that will assist the student to meet postsecondary goals.				
Do the dates of the transition services align with the IEP cycle? Do the transition services align with the corresponding postsecondary goal? Are the transition services a type of instruction, related service, community experience, or training provided by LEA staff or an outside agency? • If yes to both, mark Y OR if one of these questions was answered <i>no</i> , mark N				
5. Transition services include courses of study that will enable the student to meet postsecondary goals.				
Do the transition services include courses of study that will enable the student to meet postsecondary goals? Do the courses of study include at least the student's current classes? • If yes to both, mark Y OR if one of these questions was answered no, mark N				
6. Annual goals are related to the student's transition services' needs.				
Are the annual goals included in the IEP related to the student's transition services' needs? • If yes, mark Y OR if no, mark N				
7. Student was invited to the IEP meeting.				
Was a student invitation issued at least one day prior to the IEP meeting date? • If yes, mark Y OR if no, mark N				
8. If applicable, there is evidence that a representative of any participating agency was invited to the IEP team meeting WITH the prior consent of the parent or student.				
Was a participating agency responsible for providing or paying for a transition service, and if so, were they invited to the IEP meeting? <i>If a participating agency was not responsible, mark "NA"</i> Was consent obtained from the parent (or student at the age of majority) before the invitation was issued? • If yes to both, mark Y OR if one of these questions was answered no, mark N				