

## Transition IEP Planning Worksheet

Student Name:  
DOB:

School District Name:  
IEP Meeting Date:

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### Transition Student's Preferences, Needs and Interests

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Was the student invited to the IEP meeting?  
Did the student attend the IEP meeting?

*If no, describe the step taken to ensure that the student's preference and interests were considered.*

<b>Post-secondary Goals</b> <i>Based on student's Interest, Preferences Needs and Interests</i>	<b>Present Levels of Functional Performance:</b>
1. Post-Secondary Education/Training Goal: (e.g. 2 or 4 year college, vocational education, continuing and adult education, training program, or on-the job training):	Current Academic and Functional Levels in Preparation for Post-Secondary Education/Training:
2. Post-Secondary Employment Goal:	Current Job Skills in Preparation for Post-Secondary Employment:
3. Post-Secondary Independent Living Goal. If Needed:	Current Home/Independent Living Skills in Preparation for Post-Secondary Independent Living:
4. Future Community Participation:	Current Community Participation in Preparation for Post-Secondary Independent Living:
5. Adult Services:	Current Adult and Adult Type Services in Preparation for Post-Secondary Independent Living:

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Secondary Transition  
Courses of Study  
(ages 14-21, or younger if appropriate)

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Grade Level	Projected Courses to be taken each year
8th	
9th	
10th	
11th	
12th	
Ages 18-21	

Total number of credits required by this district for graduation:

It is anticipated that this student will receive a:

Anticipated graduation date/completion of program:

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**Transition Services/Needs**  
**(ages 16-21, or younger if appropriate)**

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<b>Transition Area</b>	<b>Services</b>	<b>Begin Date/End Date</b>	<b>Agency/Person Responsible</b>
<b>Instruction</b>			
<b>Community Experiences</b>			
<b>Employment</b>			
<b>Related Services</b>			
<b>Adult Living &amp; Post-School Objectives</b>			
<b>Daily Living (if appropriate)</b>			
<b>Functional Vocational Assessment (if appropriate)</b>			

**Did the IEP Team determine that the student, if age 16 or older, may benefit from New Hampshire Vocational Rehabilitation services (NHVRS) assistance?**

**Date NHVRS notified:**

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**MEASURABLE ANNUAL GOALS AND BENCHMARKS/SHORT-TERM OBJECTIVES /  
PROGRESS TOWARD MEETING ANNUAL GOAL(S)**

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Area of Need:	Implementation Personnel/Position Responsible:
Present Level of Academic Achievement:	
Present Functional Performance:	
Annual Measurable Goal:	

Benchmarks/Short-Term Objectives or Progress toward meeting the annual goal	Beginning Date

Measurable Method for Evaluation	Method of Reporting to Parent
	Quarterly Progress Reports