

ATTACHMENT H

New Hampshire Indicator 13 Compliance Checklist Form

SAU No: \_\_\_\_\_ School Name: \_\_\_\_\_ SASID # \_\_\_\_\_ IEP (dates): \_\_\_\_\_

Indicator 13 Checklist (A) Question	YES	NO	NA	If No or NA Explain why (noncompliance)?
1. Is there an appropriate measurable postsecondary goal (MPSG) or goals that covers education or training, employment and, as needed, independent living? Area of Interest: _____	Y	N	NA	Education or Training: Y N Employment: Y N If needed: Independent Living Y N
2. Is (are) the postsecondary goals(s) updated annually?	Y	N	NA	
3. Is there evidence that the measurable post-secondary goals were based on age-appropriate transition assessment?	Y	N	NA	Date of Transition Assessment: _____ Results: _____ Date of IEP Meeting: _____
4. Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goal(s)?	Y	N	NA	
5. Do transition services include a course of study that will reasonably enable the student to meet his or her postsecondary goal(s)?	Y	N	NA	
6. Is there at least one <u>measurable</u> annual IEP goal related to the student's transition service needs? ** see reverse side for details of requirements	Y	N	NA	Goal Reviewed: _____
7. Is there evidence that the student was invited to the IEP Team meeting?	Y	N	NA	
8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority?	Y	N	NA	
<b>Does the IEP meet the requirements of Indicator 13? (circle one)</b>				<b>YES</b> (All Ys or NAs for each of the items (1-8) above or <b>NO</b> (one or more N's circled)

Reviewer's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_