

SECONDARY TRANSITION

Complete for students age 14½ and older and, when appropriate, for students younger than age 14½. Post-school outcomes should guide the development of an Individualized Education Program (IEP) for students age 14½ and older.

AGE-APPROPRIATE TRANSITION ASSESSMENTS			
TRANSITION ASSESSMENTS (Including student and family survey/interview)	Assessment Type	Responsible Agency/Person	Date Conducted
EMPLOYMENT			
EDUCATION			
TRAINING			
INDEPENDENT LIVING SKILLS			

POSTSECONDARY OUTCOMES (Address by age 14 ½)
Indicate and project the desired appropriate measurable postsecondary outcomes/goals as identified by the student, parent, and IEP team. Goals are based upon age-appropriate transition assessments related to employment, education and/or training, and independent living skills.
Employment Outcomes/Goals (e.g., competitive, supported shelter, non-paid employment as a volunteer or training capacity, military) <u>AND</u>

Postsecondary Education Outcomes/Goals (e.g., community college, four-year university, technical/vocational/trade school) AND/OR

Postsecondary Training Outcomes/Goals (e.g., vocational or career field, vocational training program, independent living skills training, apprenticeship, on-the-job training, Job Corps) AND

Independent Living Outcomes/Goals (e.g., independent living, health/safety, self-advocacy/future planning, transportation/mobility, social relationships, recreation/leisure, financial/income needs)

COURSE OF STUDY (Address by age 14 ½)
Identify a course of study that is a long-range educational plan or multi-year description of the educational program that directly relates to the student’s anticipated post-school goals, preferences, and interests <u>as described above.</u>

Year 1	Year 2	Year 3	Year 4	Extended

### TRANSITION SERVICES (address by age 14 ½)

- ☐ Yes ☐ No ☐ Unknown      The school district provided the student with information about the school district's career and technical education (CTE) opportunities and postsecondary CTE opportunities.
- ☐ Yes ☐ No ☐ Unknown      The CTE information included a list of programming options, the scope and sequence of study for pursuing those options, and the locations of those options.

**Please include, if appropriate, linkages for outside agencies, (e.g., DMH, DRS, DSCC, PAS, SASS, SSI, WIC, DHFS, etc.)**

INSTRUCTION (e.g., tutoring, skills training, accommodations, adult basic education, etc.)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
RELATED SERVICES (e.g., transportation, social services, medical services, technology, support services, etc.)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
COMMUNITY EXPERIENCES (e.g., job shadow, work experiences, banking, shopping, transportation, tours of postsecondary settings, etc.)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
DEVELOPMENT OF EMPLOYMENT AND OTHER POST-SCHOOL ADULT LIVING OBJECTIVES (e.g., career planning, guidance counseling, job tryouts, register to vote, adult benefits planning, etc.)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
APPROPRIATE ACQUISITION OF DAILY LIVING SKILLS AND/OR FUNCTIONAL VOCATIONAL EVALUATION (e.g., self-care, home repair, home health, money, independent living, job and career interests, aptitudes and skills)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed
LINKAGES TO AFTER GRADUATION SUPPORTS/SERVICES (e.g., DRS, DMH, DSCC, PAS, SASS, SSI, WIC, DHFS, CILs)	Provider Agency and Position
	Goal #(s) if appropriate
	Date/Year to be Addressed
	Date/Year Completed

### HOME-BASED SUPPORT SERVICES PROGRAM

- ☐ Yes ☐ No      The student has an intellectual/developmental disability and may become eligible for home-based support services and other adult services funded by the Illinois Department of Human Services (IDHS)/Division of Developmental Disability (DDD) after reaching age 18 and when no longer receiving special education services.

**If "Yes," complete the following statements.**

Plans for determining the student's eligibility for home-based services:

- ☐ Yes ☐ No ☐ Unknown      The student/family has met with the local Independent Service Coordination (ISC) provider to discuss the Prioritization for Urgency of Need for Services (PUNS) system and to register for potential IDHS/DDD funding/eligibility.

ISC Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Plans for enrolling the student in the program of home-based services:

- ☐ Yes ☐ No ☐ Unknown      The student has registered for potential IDHS/DDD funding via the PUNS system.
- ☐ Yes ☐ No ☐ Unknown      The student's records been kept up to date (at least annually) with his/her assigned ISC caseworker and have been discussed with the ISC caseworker.

Plans for developing a plan for the student's most effective use of the home-based services after reaching age 18 and when no longer receiving special education services:

- ☐ Yes ☐ No ☐ Unknown      The student/family have become familiar with local adult intellectual/developmental disability service providers that may be able to provide adult services via either potential IDHS/DDD funds or other funding sources.
- ☐ Yes ☐ No ☐ Unknown      The ISC inquired whether the student/family wants to move from Planning for Services to Seeking Services at age 18.
- ☐ Yes ☐ No ☐ Unknown      The ISC has discussed and documented all desired home-based services with the student/family, including, but not limited to, day services, in-home supports, residential living arrangements, and support service teams.