

Secondary Transition IEP Review Form

[Click or tap here to enter text.](#) School District

Student Name:

[Click or tap here to enter text.](#)

IEP Date:

[Click or tap here to enter text.](#)

SSID#:

[Click or tap here to enter text.](#)

Purpose: The Secondary Transition IEP Review Form is designed as an optional tool to assist districts with submitting the data entry portion of the Secondary IEP Transition Components Application in EDS. The Secondary Transition IEP Review Rubric was designed to be a companion resource providing additional details to help reviewers respond to each question. Please note these questions and the additional details found in the rubric are also part of the Secondary IEP Transition Component Application User Guide and can be found within the application itself. These materials are all found on the [Special Education Data Reporting and Collection](#) webpage.

Transition Assessment	
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 1: Is there evidence that the measurable postsecondary goal(s) were based on age-appropriate transition assessments related to education/training, employment, and, where appropriate, independent living skills?
Click or tap here to enter text.	If no, Explain why was it non-compliant?

Postsecondary Goals	
Click or tap here to enter text.	Question 2: Enter the postsecondary goal that addresses education/training as written in the IEP (required for all students).
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 2a: Is the postsecondary education/training goal measurable?
Click or tap here to enter text.	Question 3: Please enter the postsecondary goal that addresses employment as written in the IEP (required for all students).
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 3a: Is the postsecondary employment goal measurable?
Click or tap here to enter text.	Question 4: Enter the postsecondary goal that addresses independent living skills as written in the IEP (if determined necessary by the IEP team). If not present, type "N/A".
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Question 4a: Is the postsecondary independent living skills goal measurable (if determined necessary by the IEP team)?

Transition Services	
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 5: Does the IEP contain transition services that focus on improving academic and functional achievement of the student to reasonably enable the student to meet the identified postsecondary goals?
Click or tap here to enter text.	If no, Explain why was it non-compliant?

Course of Study	
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 6: Does the IEP contain a course(s) of study that will reasonably enable the student to meet the identified postsecondary goals?
Click or tap here to enter text.	If yes, briefly describe.
Click or tap here to enter text.	If no, Explain why was it non-compliant?

Annual Goals	
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 7: Does the IEP contain annual IEP goals that support the student's transition services needs?
Click or tap here to enter text.	If no, Explain why was it non-compliant?

Student and Agency Invitation	
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 8: Is there evidence that the student was invited to participate in the IEP meeting?
Click or tap here to enter text.	If no, Explain why was it non-compliant?
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 9: Will other agencies be providing or paying for IEP transition services during the current IEP?
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 9a: Did the parent or adult student provide consent to invite a representative of the transition agency(ies) to the IEP meeting? <i>(If question 9 is no, leave this blank)</i>
<input type="checkbox"/> Y <input type="checkbox"/> N	Question 9b: Is there evidence that a representative of the agency(ies) was invited to participate in the IEP meeting? <i>(If question 9a is no, leave this blank)</i>



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