### **Transition Grid Guide**

- If the information is in the GRID it MUST be addressed in PRESENT LEVELS (Academic, Functional, or Transition). Also, list Grid information in the NEEDS section of the IEP. The GRID is for generalized statements. The same information should be addressed in a more narrative form in Present Levels. The information in the grid is justified because you stated why the student needed these services and activities in Present Levels. Also, SDIs need to be discussed in present levels as well, but do not need to be listed in the GRID. Basically, if you address it as a need in present levels, it must also be present as a goal and/or in the grid, SDIs, or Related Services.
- The GRID is for <u>current</u> planning needs. Each service or activity must be relevant to the box you list it in. <u>Future</u> needs are based on the post-secondary goals (e.g. post-secondary education/training, employment, and/or independent living).
- If a student has an established agency linkage (OVR, MH/IDD, etc.) or has already completed an activity that information gets placed into Present Levels (wherever you feel is best). If the student has already toured colleges, attends CPAVTS, is linked with OVR, etc. put that information in Present Levels, NOT the grid. <u>\*\*\*A statement must be listed in the present levels regarding agencies,</u> whether a student is currently linked with an agency (which agency, name of case manger, etc.), agencies were discussed at the meeting and information was provided, or the student is too young to for referral to an agency at this point. <u>\*Must include</u>: Student/family is recommended to explore the Pennsylvania Secondary Transition Guide - <u>www.secondarytransition.org</u>. This website offers information on agencies and support, community living, employment, health, self-determination, recreation and leisure, financial supports and services, post secondary education and resources, and schools.
- CIP Code: This box is above the GRID on the IEP. If the student attends CPAVTS or was officially accepted to attend CPAVTS next year, place the CIP code in that box. (Jen has these if you need them again) If the student has not been officially accepted yet, or does not attend put this statement in the box: *Student is currently not attending CPAVTS*.
- You need a minimum of 1 Service and 1 Activity in each box
- <u>Service</u>: Based on <u>skill deficits</u> (why they are in special education). Anything that is Progress Monitored such as goals, including Related Service goals (Speech, OT, PT, etc.) You <u>REPEAT</u> services in each box in the grid that they apply to. (e.g. improving reading comprehension will probably be beneficial being placed in all grid boxes.)

- <u>Activity</u>: Can be done at <u>Any time</u>, by <u>Anyone</u>, at <u>Any place</u>. It is <u>NOT</u> progress monitored. Once an activity is listed once in the GRID, it does <u>not</u> need to be listed again in another grid box. (e.g. OVR referral would most likely go into the Employment Box). <u>Use</u> the WSSD Transition Planning Checklist for a list of activities to list on the grid.
- Word your Activities in a way that the district is not accountable to provide the activity if it is something that the student or family needs to do on their own, or after school hours. The wording should be centered on providing information to student/family and the student/family will need to follow through on the recommendations, should they choose to. (e.g. Recommended referral to Office of Vocational Rehabilitation (OVR) **Or** Provide information to XXX and family about Office of Disabilities (ODS) at institutions of higher learning.)
- You DO NOT need to include why you are listing an activity. (e.g. Suggested referral to Office of Vocational Rehabilitation (is all you need) for possible services during and after high school (not needed on grid). Or Information provided to family to contact the Office of Disabilities at interested post-secondary schools for possible services at the post-secondary level.)
- <u>Specially Designed Instruction (Accommodations)</u>: Do NOT need to be placed in the grid, unless specific to supporting a post-secondary goal.
- <u>Frequency</u>: You can no longer write, AS NEEDED. Instead *write DAILY during a typical school day*. That means that they will be used daily, if needed. You can also write 1 time at annual IEP meeting if you are giving out information to parents, or 1x/school year if it is something like a Career Interest Inventory.
- Location: Always try choosing the type of classroom first, if the service is provided at the school level, choose the school. 8<sup>th</sup> grade teachers...if you choose CMS, AMS, or NCMS teachers will need to revise the IEP, unless you keep the duration of the service to the dates when the student is at the middle school only. If it is to take an inventory and the student will do that in a special education classroom, then choose special education classroom. Same for goals...if they are taught in the special education classroom, choose that location. If the service is provided across environments, choose that. For example, speech might be worked in across all settings at the students applies skills in all classes throughout the day. HS teachers may choose community if their students go outside the building for activities/services, AND if the recommendation is for the student/parent to pursue something such as a linkage to an agency, a college tour, registering for the SAT, etc...choose School Name (CMS, AMS, NCMS, CCHS, or RLHS) as that is the location of the IEP meeting where the recommendation occurred. Typically, you will not choose a specific school as a location, but there might be exceptions to this like above where recommendations are made 1x only at the IEP meeting. <u>Remember, this IEP might</u>

be transferred to another school district, so we really should be putting in type of location and not specific location of service in most situations.

• <u>Person(s)/Agency Responsible</u>: <u>JUST</u> WSSD. Not CMS, AMS, NCMS, CCHS, or RLHS. We are also not writing <u>student</u> or <u>family</u> or <u>agency</u> in that box any longer. Instead the district is providing information to students/families for which they need to follow through. You can list CPAVTS if that school is providing a service or a need in conjunction with WSSD.

Postsecondary Education and Training Goal: (Must be as specific as possible) *Please refer to the pink handout given out at the training entitled, Sample Post Secondary Goals, for additional goals	
Upon graduation from high school XXX has a goal of attending a 4-year post-secondary program to study (insert program of study here, e.g. computer science or related field).	
Or	
Upon graduation from high school XXX is planning on attending a 2-year post-secondary program to study (insert program of study here, e.g. veterinary assistant, etc. or related field).	
Or	
Upon graduation from high school XXX is planning on attending a non-traditional college certificate program to study (insert program of study here, e.g. hospitality, culinary, etc.). *use this statement for students planning interested in non-traditional college programs such as DREAM, HACC's Bridges Program, etc.	
Or	
Upon graduation from high school XXX is planning on receiving on the job training in his/her competitive place of employment. (list specific area of employment, if known e.g. warehousing). *use this statement or students planning on pursing competitive employment right upon graduation from high school hight school high school hi	
Or	Measurable Annual Goal
Upon graduation from high school, XXX is planning on enlisting in the military in the field of (e.g. mechanics or related field).	
MUST CHOOSE YES HERE	Yes/No
	(Document in Section V)`
Courses of Study: Specific course names and grade level if necessary (e.g. Life Skills and Middle School Courses).	1

Courses of Study must be listed for CURRENT year AND Projected YEAR. List "elective" unless you are positive that a student will get into specific elective course. At the beginning of the next school year the CASE MANAGER of that year MUST revise each IEP to reflect current courses if they have changed. These are classes as they would be listed on a class schedule and a student receives a grade for on a report card.

Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible
SERVICE: List the <u>basis</u> of student's IEP goal(s) here, including related service goals. E.g. Improve Communication, Improve Math Reasoning, Improve Reading Comprehension, Strategies Instruction to improve Organizational Skills, Behavior goals such as increasing positive behaviors, etc. *Note: Each Service Goal should be listed separately in its own box in the grid					WSSD
*Do not write entire measurable annual goal on the grid.					
Activities: Word in a way that the district is not accountable (e.g. Obtain Driver's License, rather put Provide Information on Obtaining a Driver's License)					WSSD
Employment Goal: (Must be as specific as possible - some students may need agency support to obtain and/or maintain competitive employment, document as necessary) *Please refer to the pink handout given out at the training entitled, Sample Post Secondary Goals, for additional goals Upon graduation from high school, based on present levels of performance, XXX has a goal of seeking competitive employment based in his/her area of study (insert program of study here, e.g. computer science, etc. or related field). (use this statement for students who are attending 2 or 4 year post-secondary education/training)					
Or Upon graduation from high school, based on present levels of performance, XXX has a goal of seeking competitive employment based in his/her area of study (insert program of study here, e.g. hospitality, culinary, etc.) after attending a non-traditional certificate program. (use this statement for students planning on attending non-traditional programs such as DREAM, HACC's Bridges Program, etc.)					
Or Upon graduation from high school, based on pr interest with/without supports. (use this stated school)					

	(Document in Section V)
MUST CHOOSE YES HERE	Yes/No
Upon graduation from high school, based on present levels of performance, XXX has a goal obtaining employment within the family business.	Measurable Annual Goal
Or	
Upon graduation from high school, based on present levels of performance, XXX has a goal of obtaining employment in the military, is his/her field of training (insert area of interest). (use this statement for students planning on enlisting in the military)	
Or	

Courses of Study: Specific course names and grade level if necessary (e.g. Life Skills and Middle School Courses).

Courses of Study must be listed for CURRENT year AND Projected YEAR. List "elective" unless you are positive that a student will get into specific elective course. At the beginning of the next school year the CASE MANAGER of that year MUST revise each IEP to reflect current courses if they have changed. These are classes as they would be listed on a class schedule and a student receives a grade for on a report card.

Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible
SERVICE: List the <u>basis</u> of student's IEP goal(s) here, including related service goals.					
E.g. Improve Communication, Improve Math Reasoning, Improve Reading Comprehension, Strategies Instruction to improve Organizational Skills, Behavior goals such as increasing positive behaviors, etc. *Note: Each Service Goal is listed separately in its own box in the grid					WSSD
*Do not write entire measurable annual goal on the grid.					
Activities: Word in a way that the district is not accountable (e.g. Obtain Driver's License, rather put Provide Information on Obtaining a Driver's License)					WSSD
Independent Living Goal, if appropriate: (Must Secondary Goals, for additional goals	be as specific as possible) *Please r	efer to the pink handout	given out at the training er	ntitled, <i>Sample Post</i>	

Upon graduation, based on present levels of performance, including an independent living assessment given on (list date) the IEP team has determined that XXX will be able to live independently without support. There is no goal needed at this time for independent living.	
that XXX will be able to live independently without support. There is no goal needed at this time for independent living.	
*Note: if this is the case, you are finished with this box. DO NOT list any courses of study, services or activities in the grid. MUST CHOOSE NO HERE	
OR	
Upon graduation, based on present levels of performance, including an independent living assessment on (list date), the IEP team has determined that	
XXX will need support in the area of Independent Living.	Measurable Annual Goal
*Note: if this is the case, MUST CHOOSE YES HERE	Yes/No
*Note: If district and family disagree about the support needed, list that student and family feel that XXX is able to live independently based on their	(Document in Section V)
observations and NOT the IEP team has determined	
Courses of Study: Specific course names and grade level if necessary (e.g. Life Skills and Middle School Courses).	1

Courses of Study must be listed for CURRENT year AND Projected YEAR. List "elective" unless you are positive that a student will get into specific elective course. At the beginning of the next school year the CASE MANAGER of that year MUST revise each IEP to reflect current courses if they have changed. These are classes as they would be listed on a class schedule and a student receives a grade for on a report card

Neither courses of study, services, or activities need to be listed in this section if there is not an Independent Living Goal (based on the Independent Living Assessment results that are documented in Present Levels of Performance, as to why a goal is not needed).

Service/Activity	Location	Frequency	Projected Beginning Date	Anticipated Duration	Person(s)/Agency Responsible
SERVICE: List the <u>basis</u> of student's IEP goal(s) here, including related service goals.					
E.g. Improve Communication, Improve Math Reasoning, Improve Reading Comprehension, Strategies Instruction to improve Organizational Skills, Behavior goals such as increasing positive behaviors, etc.					WSSD
*Note: Each Service Goal is listed separately in its own box in the grid					
*Do not write entire measurable annual goal on the grid.					

Activities: Word in a way that the district is			
not accountable(e.g. Obtain Driver's License,			WSSD
rather put Provide Information on Obtaining			W22D
a Driver's License)			

## <u>SERVICE EXAMPLES</u>: Based on skill deficits that are progressed monitored through measurable annual goals. Do not put the entire MAG on grid, use a generalized phrase to reflect skill deficit, such as:

- -Improve Reading Comprehension
- -Improve Reading Sequencing Skills
- -Improve Time Telling Skills
- -Improve Money Counting Skills
- -Improve Math Computation Skills
- -Increase Math Problem-Solving Skills
- -Increase Communication Skills (for Speech Goal)
- -Improve Written Expression Skills
- -Improve Executive Functioning Skills

**POST-SECONDARY EDUCATION AND TRAINING ACTIVITIES EXAMPLES** \*note: Students not planning on attending college will still need training at their place of employment such as on the job training or professional development, if parents ask you about this box.

- -Provide information to XXX and family about Office of Disabilities (ODS) at institutions of higher learning.
- -Provide information to XXX and family about college tours.
- -Information provided to XXX and family about how to contact the Office of Disabilities (ODS) at an institution of higher learning.
- -Provide information to XXX and family on how to register to take the SAT and/or ACT to be eligible for college admission.
- -Complete Career Exploration Interest Survey/Inventory
- -Complete Learning Style or Executive Functioning Survey/Inventory

-Complete course selection form for upcoming school year

-Opportunity to attend Transition-Related activities (this will cover future activities. Past ones offered will be listed in Present Levels)

-Strategies Instruction to improve organizational and test-taking skills as well as information related to transition including post-secondary options.

-Recommendation to apply to vocational technical training school in XXX's area of interest (list program choices if known)

-Provide information to XXX and family on how to register to take the SAT and/or ACT to be eligible for college admission

- Provide information to XXX and family on how to apply for SAT and/or ACT accommodations (if student has SDIs that would meet the eligibility for allowable accommodations.

-Recommendation to take PSAT

-Provide Parent Transition Resource Guide

-Provide Planning For The Future checklist/WSSD transition checklist

#### **EMPLOYMENT ACTIVITIES EXAMPLES**

-Recommended referral to Office of Vocational Rehabilitation (OVR) www.dli.state.pa.us/ovr

(For 10th graders. List in 9th grade if student's IEP will go into 10th grade. Also list for any student that has not linked yet. \*If student is linked already, that linkage info goes into the present levels section of transition.)

-(9th and 10th graders) Participation in OVR Early Reach program

-Information provided to XXX and his family on how to obtain his driver's license

-Information provided to XXX and his family on how to access public transportation

# -\*High Recommended to use: Recommendation for XXX and family to visit the following website for information related to PA Secondary Transition. (www.secondarytransition.org)

-Participation in school-based vocational experience

- -Participation in non-paid community vocational experience
- -Create (or update) student resume/pocket resume
- -Complete real or simulated job applications

-Practice job interview skills

-Recommendation to take ASVAB

-Information provided to XXX and his family on how to register Selective Service

-(age 18 or turning 18 before next IEP) Information provided to XXX and his family on how to register to vote.

-Provide Parent Transition Resource Guide

-Provide Planning For The Future checklist/WSSD transition checklist

<u>Students with Autism Spectrum Disorder</u>: Please remember to refer students with ASD and their families to following agencies: ASERT, Keystone Human Services, and the Bureau of Autism Services when writing their IEPs. If they are linked already, that information goes into Present Levels. If they are not linked the Grid would look like this: (and put this information in present levels too)

-Provide information to student/family for the following agencies for resource information and service possibilities:

\*Keystone Human Services

(http://www.keystonehumanservices.org/autism-services/)

\*The Bureau of Autism Services

(http://www.dpw.state.pa.us/fordisabilityservices/autismservices/index.htm)

\*ASERT-Autism Resource Center

(http://www.PAautism.org) 717-693-2369

#### **INDEPENDENT LIVING ACTIVITIES EXAMPLES:** \*note, only for those students with documented independent living needs.

-Information provided to XXX and his family on how to obtain his state identification card

-Information provided to XXX and his family on how to access public transportation, if you know a student will be attending adult day programming

-Information provided to XXX and his family on how to register Selective Service

-(age 18 or turning 18 before next IEP) Information provided to XXX and his family on how to register to vote.

-Participation in Community Based Instruction

-Participation in Pre-Vocational Experiences (location would be community)

-Participation in Non-Paid Vocational Experiences (location would be community)

-Participation in Cooking Instruction

Students with Intellectual Disabilities: Please remember to refer students with ID and their families to Cumberland Perry MH/IDD when writing their IEPs. If they are linked already, that information goes into Present Levels. If they are not linked the Grid would look like this: (and put this information in present levels too)

-Provide information to student/family for referral to provide possible service in the appropriate county:

Cumberland Perry MH/IDD

http://www.ccpa.net/118/Mental-HealthIntellectual-Develop-Dis

York County MH/IDD

http://yorkcountypa.gov/health-human-services/mental-health-mental-retardation-program.html

Behaviors of Concern: Put strategies for managing behavior either in SDIs or Grid if they are progress monitored.