



Secondary Transition Self-Assessment Student Form

SSID Number: _____

DOB: _____

Student: _____

Eligibility: _____

Ethnicity: _____

School: _____

Teacher: _____

Monitor: _____

Primary home language indicated by the parent: _____

Language in which the student is most proficient: _____

Evaluation/Reevaluation

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	II.A.1	_____	Current evaluation 60-Day For initial evaluation, the student was evaluated within 60 calendar days
<input type="checkbox"/>	II.A.5	_____	# of days over: _____ Reason: _____ 60-Day

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.3	_____	General required components of IEP are included
<input type="checkbox"/>		<input type="checkbox"/>	IEP has PLAAFP (refer to Guide Steps)
<input type="checkbox"/>		<input type="checkbox"/>	Measurable annual goals related to PLAAFP
	IN/OUT		
	Goal 1:	<input type="checkbox"/>	
	Goal 2:	<input type="checkbox"/>	
	Goal 3:	<input type="checkbox"/>	
	Goal 4:	<input type="checkbox"/>	
	Goal 5:	<input type="checkbox"/>	
	Goal 6:	<input type="checkbox"/>	
	Goal 7:	<input type="checkbox"/>	
	Goal 8:	<input type="checkbox"/>	
	Goal 9:	<input type="checkbox"/>	
	Goal 10:	<input type="checkbox"/>	

Individualized Education Program

PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.1	_____	Current IEP (date: _____) 60-Day
<input type="checkbox"/>	III.A.2	_____	IEP review/revision and participants
<input type="checkbox"/>		<input type="checkbox"/>	IEP reviewed/revised annually (previous date: _____)
<input type="checkbox"/>		<input type="checkbox"/>	IEP team meeting included required participants (if "no," indicate missing members)
		<input type="checkbox"/>	<input type="checkbox"/> Parent <input type="checkbox"/> PEA Representative
		<input type="checkbox"/>	<input type="checkbox"/> Gen Ed Teacher <input type="checkbox"/> Test Results
		<input type="checkbox"/>	<input type="checkbox"/> Special Ed Teacher <input type="checkbox"/> Interpreter

<input type="checkbox"/>	<input type="checkbox"/>	Documentation of eligibility for alternate assessment, if appropriate 60-Day
<input type="checkbox"/>	<input type="checkbox"/>	For students eligible for alternate assessments only, short-term instructional objectives or benchmarks
<input type="checkbox"/>	<input type="checkbox"/>	Current progress report includes progress toward goals (If "out," indicate the missing requirement)
	<input type="checkbox"/>	<input type="checkbox"/> No description of timeline
	<input type="checkbox"/>	<input type="checkbox"/> Goals not measurable
	<input type="checkbox"/>	<input type="checkbox"/> Not done in accordance with timeline
	<input type="checkbox"/>	<input type="checkbox"/> Not reflective of measurement criteria in goal

Comments: _____



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PEA ✓	Line Item	I-O-U	Description	PEA ✓	Line Item	I-O-U	Description
<input type="checkbox"/>	III.A.4	<input type="checkbox"/>	Individualized services to be provided	<input type="checkbox"/>	III.A.6	<input type="checkbox"/>	For students 16 years of age or older, documentation of required postsecondary components 60-Day Measurable postsecondary goals <input type="checkbox"/> No evidence of goals <input type="checkbox"/> Goal content not postsecondary <input type="checkbox"/> Not measurable <input type="checkbox"/> Required goal areas not addressed Measurable postsecondary goals updated annually Documentation that the postsecondary goals were derived from age-appropriate assessment(s) Documentation of one or more transition services/activities that support the postsecondary goal(s) The student's course of study supports the identified postsecondary goal(s) Documentation of annual IEP goal(s) that will reasonably enable the student to meet the postsecondary goal(s) Documentation that the student was invited to the meeting Evidence that a representative of another agency that is likely to provide and/or pay for transition services has been invited to the meeting when parent consent has been obtained Documentation of additional postsecondary transition components Progress reporting for services/activities By age 17, a statement of rights to transfer at age 18 IEP reflects student educational needs 60-Day
<input type="checkbox"/>		<input type="checkbox"/>	Special education services to be provided (If "out," indicate the missing requirement)	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> Not specially designed instruction (SDI)	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> No documentation of why SDI is provided by other personnel	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> No documentation of certified special education personnel in planning, progress monitoring, or delivery of SDI	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> Special education teacher not certified	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> Other provider not certified (district only)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of related services	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supplementary aids, services, and program modifications	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of supports for school personnel	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Location, frequency, and duration of services and modifications (If "out," indicate the missing requirement)	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> Location	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> Frequency	<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/> Duration	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Consideration of the need for extended school year	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Extent to which student will not participate with nondisabled peers	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	SPED72 matches LRE	<input type="checkbox"/>	III.A.7	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	III.A.8	<input type="checkbox"/>	

Comments: _____

