INDICATOR 13 CHECKLIST

Student Name _____

File Review Date _____

Reviewer _____

Directions for Transition IEP Review:
Transition Age IEPs will be reviewed by utilizing this form. If the IEP meets requirements within this checklist, YES will be circled. If the IEP does not meet requirements, NO will be circled and the IEP Case Manager must update the IEP to meet compliance requirements as outlined in this guidance document and in accordance with Indicator 13 within 10 school days.

Question 1: Are there measurable postsecondary goals for education/ training, employment, and, if appropriate, independent living?	**Check One** ☐ **Yes** ☐ **No**
Question 2: Are the postsecondary goals updated annually?	**Check One** ☐ **Yes** ☐ **No**
Question 3: Is there evidence that the measurable postsecondary goals were based on age-appropriate transition assessments?	**Check One** ☐ **Yes** ☐ **No**
Question 4: Are there transition services in the IEP that will reasonably enable the student to meet their postsecondary goal(s)?	**Check One** ☐ **Yes** ☐ **No**
Question 5: Do the transition services include courses of study that will reasonably enable the student to meet their postsecondary goals?	**Check One** ☐ **Yes** ☐ **No**
Question 6: Is (are) there annual IEP goal(s) related to the student's transition services needs?	**Check One** ☐ **Yes** ☐ **No**
Question 7: Is there evidence that the student was invited to the IEP Team meeting where transition services were discussed?	**Check One** ☐ **Yes** ☐ **No**
Question 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?	**Check One** ☐ **Yes** ☐ **No**