

**Sonoma County SELPA
INDIVIDUAL TRANSITION PLANNING (ITP)**

Student Name _____

Date of Birth ___/___/_____

IEP Date ___/___/_____

Student Invited Yes No

If appropriate, and agreed upon, agencies invited Yes No N/a

Describe how the student participated in the process _____

Present at meeting
 Interest Inventories

Interview Prior
 Questionnaire

Age-appropriate transition assessments/instruments were used Yes No

Describe the results of the assessments _____

Student's Post Secondary Goal Training or Education (Required)

Upon completion of school I will _____	Transition Service Code as Appropriate _____
	Activities to Support Post Secondary Goal _____

	Community Experiences as Appropriate _____
Linked to Annual Goal # _____	_____
Person / Agency Responsible _____	Related Services as Appropriate _____

Student's Post Secondary Goal Employment (Required)

Upon completion of school I will _____	Transition Service Code as Appropriate _____
	Activities to Support Post Secondary Goal _____

	Community Experiences as Appropriate _____
Linked to Annual Goal # _____	_____
Person / Agency Responsible _____	Related Services as Appropriate _____

Student's Post Secondary Goal Independent Living (As appropriate)

Upon completion of school I will _____	Transition Service Code as Appropriate _____
	Activities to Support Post Secondary Goal _____

	Community Experiences as Appropriate _____
Linked to Annual Goal # _____	_____
Person / Agency Responsible _____	Related Services as Appropriate _____

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Student Name _____

Date of Birth ___/___/_____

IEP Date ___/___/_____

District Graduation Requirements

Course of Study

A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their post-secondary goal Yes No

Units / Credits Completed _____

Units / Credits Pending _____

Student's Course of Study leads to: (Select one option below)

Anticipated Completion Date ___/___/_____

Certificate of Completion Diploma

Age of Majority

On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18)

By whom _____

Date ___/___/_____

When you reach the age of 18, the age of majority, you have the right to receive all information about your educational program and make all decisions related to your education. This includes the right to represent yourself at an IEP meeting and sign the IEP in place of your parent or guardian.

Is there an appropriate measurable post-secondary goal(s) that covers education or training, employment, and, as needed, independent living.

Yes No

Is the post-secondary goal(s) addressed/updated in conjunction with the development of the Annual IEP.

Yes No

Are there transition services included in the IEP that will reasonably enable the student to meet his or her post-secondary goals.

Yes No

Are there annual goal(s) included in the IEP that are related to the student's transition service needs.

Yes No