

Vermont Indicator 13 Checklist – Self-Assessment for Special Educators

Purpose Statement: Fo	r use as a re	eterence do	ocument when w	riting IEP Trai	nsition Plans.		
Student Name:			Supervisory				
Reviewer's Name:							
			0				
	e student was at a reasonabl					sition goals and services were discussed? ending meeting invitations at least 5-10 days	s before
	epresentative					ing or that the student/family refused the before the meeting is recommended.	
Yes No							
E1 (#0 E 't' A	1.0	(3)	r	1 (1.4		
Element #3 Transition A						ments that were completed before the IEP to	rancition
plan meeting? Are the na		-		Yes	No	ments that were completed before the 1E1 th	ansmon
plan meeting: Are the ha	ines and date	C5 01 a55C551	ments present:	165	NO		
Element #4 Postsecondar	rv Goals (Wi	ritten as out	comes – e o "wil	l be enrolled""	will be employe	ed", "will participate", - not as a process)	
Is there an appropriate m							
Education/Training:	Yes	No	, 6 . ,				
Employment:	Yes	No					
Independent Living:	Yes	No	N/A				
1 0							
Element #5 Annual IEP	Transition G	oals					
Are there annual IEP tran	nsition goals	designed to	support the stude	nt in meeting the	postsecondary	goals? Annual IEP transition goals should a	ddress
skills the student needs b	ased on how	their disab	ility impacts their f	future education	training, emplo	yment and independent living (where appro	opriate).
Annual IEP transition go	als should be	in SMART	goal format and it	should be clear	by what date the	e student needs to meet the goal.	
Education/Training:	Yes	No					
Employment:	Yes	No					
Independent Living:	Yes	No	N/A				
Element #6 Postsecondar							
Are the postsecondary go		-	innually?				
Education/Training:	Yes	No					
Employment:	Yes	No	27/4				
Independent Living:	Yes	No	N/A				
Element #7 Transition So	ervices						
		P that will ro	easonably enable th	ne student to me	et his or her post	tsecondary goals/outcomes?	
Education/Training:	Yes	No	euseriusty eriuste it	to state in the	et ino of their post	secondary godis/outcomes.	
Employment:	Yes	No					
Independent Living:	Yes	No	N/A				
Element #8 Course of St	udv						
	-						_
	pated gradua	ation/exit ye	ar? Make sure the	chart lists the co		nent of his or her postsecondary goals, from nese are the courses that the IEP team believe	
Yes	No						
Does the IEP meet the re Yes (all Ys or NAs for each	-			e IEP are circled)) or	No (one or more Ns are circled)	

If you have questions about this document or would like additional information, please contact:

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