

RR #	Item Reviewed	Compliant	IC	Comments/Notes
DS-14	Data collected and analyzed to inform instruction	<input type="checkbox"/>	<input type="checkbox"/>	
DS-15	Revisions to IEP made based on data	<input type="checkbox"/>	<input type="checkbox"/>	
DS-16	IEP Meeting-Qualified team	<input type="checkbox"/>	<input type="checkbox"/>	
LRE-1	Justification for removal from general education classroom	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

Record #

Student Name:

Transition Plan (Indicator 13 Checklist)				
Item Reviewed		Compliant	IC	Comments/Notes
1. Measurable Goals	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
2. Goals updated annually	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
3. Evidence goals were based on AATA	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
4. Transition Services	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
5. Courses of Study	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
6. IEP Goals related to transition services	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
7. Student was invited to IEP meeting	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	
8. Representative of any participating Agency	Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	
	Employment	<input type="checkbox"/>	<input type="checkbox"/>	
	Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	

