

SECONDARY TRANSITION



***“Transition...
Beginning with the
end in Mind!”***

***High school
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Linda McCulloch, Superintendent

Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us

Graduation of Students Receiving Special Education Under IDEA

High school graduation is a change in placement for a student with disabilities. Eligibility for special education and related services under the Individuals with Disabilities Education Act (IDEA) ends when the district grants a regular high school diploma. Graduation fulfills the school district's obligation to provide a free appropriate public education.

Like any other change in educational placement, graduation is subject to IDEA procedural safeguards, including prior written notice to the parents and adult student. In Montana, when a student reaches the age of 18 years, the rights formerly provided to the parent transfer to the adult student.

Before a student receives a diploma, the IEP team must meet to review the IEP to assure:

- a. the school district's graduation requirements will be met, or
- b. the student's measurable annual goals will be substantially completed, and
- c. new measurable annual goals are not needed for the coming school year.

If the IEP team determines that the student has met the district's graduation requirements, or substantially completed the measurable annual goals and does not need new measurable annual goals, then the IEP team would not develop a new IEP and the youth would graduate.

If the IEP team determines that the student will not meet the district's graduation requirements, or substantially complete the measurable annual goals, and will need new measurable annual goals for the coming school year, then the IEP team must develop a new IEP for the next school year.

If you have questions regarding the graduation of students with disabilities, please contact your local school district at _____ or the Office of Public Instruction, Division of Special Education, at (406) 444-5661.

Student Name: _____

IEP Date: _____

HIGH SCHOOL GRADUATION

(check one box)

- The IEP team determined that the student **will meet** the district's graduation requirements, **or** will substantially complete the measurable annual goals **and will not need** new measurable annual goals. The IEP team **will not** develop a new Individualized Education Program and the student **is** expected to graduate with a regular diploma at the end of the current school year.
- The IEP team determined that the student **will not meet** the district's graduation requirements, **or will not** substantially complete the measurable annual goals, and **will** need new measurable annual goals for the coming school year. The student **is not** expected to graduate with a regular diploma at the end of the current school year and the IEP team must develop a new Individualized Education Program for the next school year.



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Individualized Education Program

STUDENT INFORMATION

Student's Name	Initials	Birth Date	Age	Sex	Grade	Today's Date
Parent/Guardian Name	Parent/Guardian Address				Home Phone	
					Work Phone	
School	Next Comprehensive Reevaluation Date					
IEP Manager and Phone Number			Duration of IEP From: _____ To: _____			

Optional Child Count Information

Disability Category	Race and Ethnicity
---------------------	--------------------

STUDENT'S STRENGTHS, PROGRESS, AND NEEDS

Summarize information from the parents and staff regarding strengths of the child and progress toward previous goals and objectives. State concerns and/or needs for enhancing the education of the child. Include the parents' perspective and insight pertaining to their child's learning strategies, social skills, interests, and any existing medical diagnoses that are important contributions to creating a description of the whole student. Consider the results of the most recent evaluations and, as appropriate, the results of the child's performance on any state or districtwide assessment programs.

• Strengths

Parents: _____

Student: _____

School Staff: _____

• Progress on Previous Interventions or Previous Goals and Objectives

Parents: _____

Student: _____

School Staff: _____

• Needs/Concerns

Parents: _____

Student: _____

School Staff: _____

Student Name: _____

IEP Date: _____

CONSIDERATION OF SPECIAL FACTORS

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| • Does the student's behavior impede his/her learning or that of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the student been determined to be "Limited English Proficient"? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student have communication needs?
(In the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student require assistive technology devices or services? | <input type="checkbox"/> | <input type="checkbox"/> |

Any item checked "Yes" must be addressed in the IEP.

FOR A STUDENT WITH BLINDNESS OR VISUAL IMPAIRMENT

N/A

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| • Does the student need training in orientation and mobility within his/her environment?
If "Yes" is checked, training must be addressed in the IEP. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student need instruction in Braille or the use of Braille?
If "No" is checked, describe in the Minutes Addendum why instruction in Braille or the use of Braille is not appropriate. (Decision must be based on evaluation results.) | <input type="checkbox"/> | <input type="checkbox"/> |

PARTICIPATION IN STATE/DISTRICTWIDE ASSESSMENTS

Statewide assessments are not being conducted during the term of this IEP.

The student will participate in the **State/Districtwide** assessments in the following manner: (Check one box for each test.)

IOWA Tests (Grades 4, 8, 11)

- Without accommodations
- With accommodation(s)
- Alternate Assessment Scale

CRT Tests (Grades 4, 8, 10)

- Without accommodations
- With accommodation(s)
- CRT-Alternate*****

Districtwide Tests N/A

- Without accommodations
- With accommodation(s)
- Alternate Assessment Scale

Identify any test accommodations that must be provided for the student:

IOWA: _____

CRT: _____

Districtwide: _____

For a student who participates in an alternate assessment, describe why the regular assessment, even with accommodations, is not appropriate for the student: _____

**** The student may not participate in the CRT-Alternate unless the student's demonstrated cognitive abilities and adaptive behavior require substantial adjustments to the general curriculum; learning objectives and expected outcomes focus on functional application, as shown by the IEP's goals/objectives; and the student requires direct and extensive instruction to acquire, maintain, generalize and transfer skills.

EXTENDED SCHOOL YEAR

- Extended School Year services **are necessary** for the student.
- Extended School Year services **are not necessary** for the student.
- In order to make this determination, the IEP team needs to collect additional data and meet again by: _____

Student Name: _____ IEP Date: _____

Special Education Service Area: _____

(e.g., math, reading, social/behavioral, travel training, Braille instruction)

Present Level of Educational Performance: State the student's present level of educational performance and how the disability affects involvement and progress in general curriculum or, for preschool children, involvement in appropriate activities. (Test scores alone are insufficient.)

Measurable Annual Goal: (# ____) There are four critical characteristics of a well-written Annual Goal: it is meaningful, measurable, able to be monitored, and useful in making decisions.

Benchmarks or Short-Term Objectives: These provide a reference point for progress toward the annual goal. (Mark only if the benchmark or short-term objective will be part of an Extended School Year service.)

ESY

Progress must be reported at least as often as progress is reported to parents of nondisabled children. How will the parents or adult student be informed of progress toward the annual goals and the extent to which that progress is sufficient to enable the child to achieve the annual goals by the end of the year?

• How often will progress reports be sent to the parent?

mid-term

quarterly

semester

other: _____

Student Name: _____ IEP DATE: _____

PARTICIPATION IN THE GENERAL EDUCATION PROGRAM

Does the student participate 100 percent of the time in the General Education Program, including extracurricular and nonacademic programs? Yes No

If **No**, explain why the student will not participate full time in general education, including nonacademic/extracurricular activities:

GENERAL EDUCATION ACCOMMODATIONS/MODIFICATIONS

Academics and Nonacademics where accommodations, modifications are needed.	Accommodations, modifications, supplementary aids, or other forms of support for the <u>student</u> to be involved in and progress in the general education curriculum:
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Program modifications or supports for school personnel:

SPECIAL EDUCATION AND RELATED SERVICES

Special Education and Related Service	Hours per week in Special Education Setting	Special Education Hours per week in General Education Setting	Total Hours per week	Dates of Service (if different from Duration of IEP)
Total Hours:				

If the student's school day or week is shorter or longer than peers without disabilities, explain why:

Student Name: _____ IEP Date: _____

IEP ACCESSIBILITY AND RESPONSIBILITIES

How will each regular education teacher, special education teacher, related service provider, and other service providers working with this student be informed of his or her specific responsibilities related to implementing this IEP and the specific accommodations, modifications, and supports that must be provided for this student?

DOCUMENTATION OF PARTICIPATION

The following persons, as indicated by their signatures, have participated in the development of this IEP:

_____ Parent/Guardian/Surrogate	_____ Date	_____ Parent/Guardian/Surrogate	_____ Date
_____ Student	_____ Date	_____ Speech/Language Pathologist	_____ Date
_____ Administrator or Designee	_____ Date	_____ Signature/Position	_____ Date
_____ Regular Education Teacher	_____ Date	_____ Signature/Position	_____ Date
_____ Special Education Teacher	_____ Date	_____ Signature/Position	_____ Date
_____ School Psychologist	_____ Date	_____ Signature/Position	_____ Date

PARENTAL RIGHTS AND APPROVAL

I have read and understand my rights as provided to me at the time of notice of the IEP meeting in the pamphlet titled PARENTAL RIGHTS IN SPECIAL EDUCATION. The public agency shall give the parent a copy of the child's IEP at no cost to the parent.

- I approve of this Individualized Education Program.
- I approve of this Individualized Education Program with the following exceptions*: _____

*The IEP team agrees to meet again on _____ (date) to resolve our differences regarding the above exceptions.

Parent/Guardian/Surrogate/Adult Student

Date

IEP MINUTES

Student Name: _____

IEP Date: _____

STATEMENT OF NEEDED TRANSITION SERVICES

For ALL students beginning at age 16 (or younger, if determined appropriate by the IEP team).

Student Name: _____ IEP Date: _____

If the student turns 16 during this IEP term, the statement of needed transition services must be included in the IEP by the student's 16th birthday.

COORDINATED ACTIVITIES/STRATEGIES AND INTERAGENCY RESPONSIBILITIES AND LINKAGES

Describe a coordinated set of activities designed within an outcome-oriented process that will:

- a. directly relate to the student's anticipated post-school goals and the student's preferences and interests; and
- b. promote movement from school to post-school settings and activities. (review and revise annually)

Check if discussed and not needed	TRANSITION SERVICES	ACTIVITIES/STRATEGIES	PERSON RESPONSIBLE/ AGENCY/PAYER	OUTCOMES & TIMELINES	IEP GOAL # (special ed. services only)
<input type="checkbox"/>	INSTRUCTION				
<input type="checkbox"/>	EMPLOYMENT				
<input type="checkbox"/>	COMMUNITY EXPERIENCES				
<input type="checkbox"/>	POST-SCHOOL ADULT LIVING				
<input type="checkbox"/>	RELATED SERVICES				
<input type="checkbox"/>	DAILY LIVING				
<input type="checkbox"/>	FUNCTIONAL VOCATIONAL ASSESSMENT				
Agencies invited to the IEP meeting that did not send a representative:			Steps taken to ensure agency participation in planning if a representative did NOT attend:		

TRANSFER OF RIGHTS AT AGE OF MAJORITY

The student has been informed of his or her rights under IDEA that will transfer to the student on reaching the age of majority. The student must be informed at least one year before the student reaches age 18. Date student was informed of the transfer of rights: _____ Date student reaches the age of majority: _____



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Transfer of Parental Rights – Parent Notice

Student's Name	Birth Date	Today's Date
Parent/Guardian Name	District/ School	

Dear _____,
(parent/legal guardian)

Your child will soon reach age 18. Under Montana state law, all rights accorded to parents of students with disabilities under the Individuals with Disabilities Education Act transfer to your child on his or her 18th birthday, unless you have been granted legal guardianship of your adult student.

At age 18, the student becomes responsible for making all decisions regarding future educational services. Enclosed is a copy of the brochure *Parental Rights in Special Education*, which identifies the rights that transfer to your child. The district will continue to provide you with notice of CST and IEP meetings.

If you have questions, please contact me.

Sincerely,

IEP Manager

Phone Number

Enclosure: *Parental Rights in Special Education*

March 2003



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Transfer of Parental Rights – Student Notice

Student's Name	Birth Date	Today's Date
Parent/Guardian Name	District/ School	

Dear _____,
(student)

Montana law states that you will become an adult at age 18. On your 18th birthday, all rights and responsibilities granted to your parents under the Individuals with Disabilities Education Act will transfer to you, unless a court has appointed your parents or another individual as your legal guardian.

At age 18, you can make your own educational decisions. Your parents will continue to receive notices of all CST and IEP meetings. Enclosed is a copy of the rights that will transfer to you at age 18 (*Parental Rights in Special Education*).

If you have questions, please contact me.

Sincerely,

IEP Manager

Phone Number

Enclosure: *Parental Rights in Special Education*

March 2003

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Transfer of Rights to the Adult Student

In Montana, a student who has turned age 18 has the right and responsibility to make certain legal choices, unless those rights have been legally taken from the student.

What are the responsibilities of the school?

When the student reaches age 18, the school will provide notice to both the student and parents of the transfer of rights.

What does this mean for students with disabilities?

The Individuals with Disabilities Act (IDEA) gives Montana the authority to transfer educational decision-making rights to individuals at the age of majority. In Montana, the age of majority is 18 and at that time students become responsible for their educational program. Beginning at least one year before the student reaches age 18, the student's IEP must include a statement that the student has been informed of the rights that will transfer to him or her at age 18. All of the educational rights previously provided to the parents transfer to the student.

What are the educational rights that transfer to the student at age 18?

The student has the right to:

- Receive notice of, attend and participate in Individual Education Program (IEP) and Child Study Team (CST) meetings. Parents still receive notice of IEP and CST meetings.
- Consent to evaluation.
- Consent to change placement.
- Review educational records.
- Request mediation or a due process hearing.
- File a complaint to resolve a dispute about evaluation, identification, eligibility educational placement, or other aspects of a Free Appropriate Public Education (FAPE).

How do we prepare students for the transfer of rights?

Beginning at age 14, the law requires that students be invited to attend their IEP meeting. Students should be encouraged to be an active participant in their IEP meeting. This can help them acquire the decision-making skills they will need at age 18.

Can parents continue to retain educational rights after a student reaches the age of 18?

In certain circumstances a court can appoint the student's parent, or another appropriate individual, as the legal guardian. Guardianship is intended to assist individuals who need guidance in making decisions in regard to education, where to live, employment, money and finances, legal issues, and medical concerns. Guardianship can be limited to education decisions, or it can include more than one major life area. If guardianship is awarded, the guardian will make educational decisions as part of the IEP team. Montana statutes provide for appointment of a guardianship under 72-5-301 et seq, MCA. Guardianship is a legal process, and parents may wish to seek the assistance of an attorney to accomplish this.

Adapted from Parent Brief, NCSET and PACER Center, April 2002

If you have questions regarding the Transfer of Parental Rights process, please contact the Division of Special Education at (406)444-5661.

Helpful Websites for Secondary Transition

Montana Sites

<http://www.opi.state.mt.us/SpecEd/trans.html>

Office of Public Instruction

<http://www.msubillings.edu/transition/>

Transition Project Home MSU-B

<http://ruralinstitute.umt.edu/>

UM Rural Institute

<http://www.pluk.org/>

Parents, Let's Unite for Kids

<http://www.mtcec.org/index1.htm>

Montana Council for
Exceptional Children

Regional Sites

<http://www.usu.edu/mprrc/>

Mountain Plains RRC

<http://interact.uoregon.edu/wrrc/transitiondocument.html>

Western RRC

National Sites

<http://www.transitioncoalition.org/index.html>

Transition Coalition

<http://www.k8accesscenter.org/>

The Access Center

<http://www.pacer.org/>

PACER Center

<http://www.nichcy.org/>

National Dissemination
Center for Children with
Disabilities

<http://www.cspd.net/>

CSPD

<http://www.ncset.org/>

The National Center on
Secondary Education and
Transition

<http://www.ed.gov/offices/OSERS/OSEP/index.html>

Office of Spec Ed Programs