

# Documenting Transition As An Aspect of Assuring FAPE In The LRE



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# Oakland Schools Special Education Resources

[miPlace](#)



## [Special Populations](#)



# Secondary Transition

- **Secondary Transition**

- IEP Team Meeting Invitation
- Age Appropriate Transition Assessment
- Measurable Postsecondary Goal
- Course of Study
- Agency Representation
- Supplementary Aids and Services
- Special Education Programs and Services
- Annual Goals
- Transition Services and Activities
- Work Based Learning
- Community Agency Participation
- Age of majority
- Summary of Performance

- **FAPE in the LRE**

- An individualized program of instruction and support that assures meaningful benefit alongside non-eligible peers.

# Documentation of Secondary Transition and Related Supports

- **Documenting on “official” Forms**
- **Documenting Delivery of Service**
  - Service logs
  - SAS logs
  - Training Agreements

# IEP Team Meeting Invitation

## SPECIAL EDUCATION MEETING INVITATION

Notice Date: \_\_\_\_\_

<b>Regarding:</b>					
<b>Student</b>	Last:	First:	M:	ID:	
School:		Disability:		Grade:	Birth Date:
<b>Parent</b>	Last:	First:	M:	Relationship to Student:	
Address:		City:		State:	Zip:

Dear: \_\_\_\_\_ Dear: \_\_\_\_\_  
Parent/Guardian/Surrogate Student

You are invited to a meeting on: \_\_\_\_\_ at \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip

**The purpose of this meeting is to conduct:**

<input type="checkbox"/> <b>A Review of Existing Evaluation Data Meeting</b> to review existing data and develop an evaluation plan.	
<input type="checkbox"/> <b>An Individualized Education Program Team Meeting</b> that will address the following:	
Check one of the following: <input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual/Review IEP <input type="checkbox"/> Reevaluation IEP	Check all others that apply: <input type="checkbox"/> Change of Placement <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: _____  <input type="checkbox"/> Secondary Transition <input type="checkbox"/> Change of Eligibility <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>A Nonpublic Services Plan Meeting</b>	
<input type="checkbox"/> <b>A Manifestation Determination Review (MDR)</b>	
<input type="checkbox"/> <b>An Interim Alternative Educational Setting (IAES) Meeting</b>	
<input type="checkbox"/> <b>An IEP Amendment Meeting</b>	

If for some reason this date and time is not convenient, please contact me as soon as possible and I will try to reschedule. If you need an interpreter for this meeting, please let me know as soon as possible. You may bring additional people to the IEP meeting if you desire. **Please be prepared to share any information that might be helpful in making these important decisions.**

**The school district has asked the following persons to attend this meeting:**

Student: \_\_\_\_\_ School District Rep: \_\_\_\_\_  
Required for transition IEP Required

Multidisciplinary Evaluation Team Representative: \_\_\_\_\_

Special Education Provider: \_\_\_\_\_ Required

General Education Teacher: \_\_\_\_\_  
Required if student is or will be participating in General Education

Parent/Guardian/Surrogate \_\_\_\_\_ Parent/Guardian/Surrogate \_\_\_\_\_

Other/Title \_\_\_\_\_ Other/Title \_\_\_\_\_

---

Agency Representative

Sincerely, \_\_\_\_\_

NAME/TITLE

PHONE

## Be sure to Include

- Student as a specific individual in the salutation
- Secondary Transiting as one reason for the meeting
- Invite the Community agency when you have consent

## Don't Forget

- Include Community Agencies when appropriate

## Key Resources

- Model forms

# Age Appropriate Transition Assessment

FACTORS TO CONSIDER	
<b>General</b>	
The IEP team must consider each of the following:	
The strengths of the student:	
<div></div>	
The concerns of the parent for enhancing the education of the student:	
<div></div>	
The academic/pre-academic achievement results of the most recent evaluation(s) of the student:	
<div></div>	
<b>SECONDARY TRANSITION ASSESSMENTS</b> <input type="checkbox"/> Considered, not applicable	
<i>Age-appropriate assessment related to training, education, employment, and independent living skills.</i>	
<b>Baseline Data:</b>	
<b>Impact and Resulting Needs:</b>	

## Be sure to Include

- Assessment Tools/Strategies by name
- Actual assessment results: quantitative, qualitative, descriptive

## Don't Forget

- Assessment information is the basis for MPSG
- Informs both the starting and end point for instruction

## Key Resources

- miPlace [Transition Assessment](#) resources

# Measurable Postsecondary Goals

## STUDENT'S POSTSECONDARY GOALS (VISION)

**Training:** For example, after school completion, what additional training will you need? (Vocational program, job training, certification, apprenticeship, etc.)

**Education:** For example, after school completion, what additional education will you need? (Continuing adult education, college, certification programs, etc.)

**Employment:** For example, after school completion, what will be your job?

**Independent Living (when appropriate):** For example, after school completion, how will you participate in your community? (living, activities, social, recreation, etc.?)

### Be sure to Include

- Data sources by name and date(s) they were most recently updated (should be within the last year)
- Include the actual assessment results: quantitative, qualitative or descriptive

### Don't Forget

- Independent living goal is "optional"
- The decision to include or not include should be based on assessment data about the student's needs

### Key resource

- Measurable Postsecondary Goals
- 2018 Tips for Writing Postsecondary Goals



# Annual Goals

**Annual Goals and Short Term Objectives**

Baseline	Target/Outcome	Evaluation Procedure	Progress Schedule
Enter data indicating the student's current level of achievement or functional performance for this goal/objective	Enter the accuracy/measurement For example: % of Time % of Test ___ Times out of ___ Trials	Identify evaluation criterion For example: systematic observation, teacher selected assessments, work samples, work completion, etc.	Identify how often progress will be monitored. For example: Weekly, monthly, etc.

Instructional Area:									
Annual Goal:	Baseline	Target / Outcome	Evaluation Procedure	Progress Schedule					
<input type="checkbox"/> This goal is based on the following Common Core state Standard: <input type="checkbox"/> This goal is based on the following Essential Element: <input type="checkbox"/> It is not necessary to base this goal on a Common Core state Standard or Essential Element									
					Objectives:	Baseline	Target / Outcome	Evaluation Procedure	Progress Schedule

## Be sure to Include

- Current performance, specific academic or functional skills (not activities), target outcome/performance, methodology for measuring success.

## Don't Forget

- MDE-OSE probably considers at least one annual goal to be compliant – but at this point, does the student really require special education?
- An explicit connection to transition needs

## Key resource

- What Everyone Needs To Know About: Annual Goals



# Course of Study

## COURSE(S) OF STUDY

Check one:

☐ Michigan Merit Curriculum leading to a High School diploma

☐ Course(s) of study leading to \_\_\_\_\_

School Year	Age or Grade	Describe How Course(s) of Study Support Student's Postsecondary Vision

Anticipated graduation or completion date: \_\_\_\_\_

### Be sure to Include

- Diploma vs CoC
  - Special Education and related services must support achievement of the “end point of instruction.”

### Don't Forget

- Course of study development is a shared activity: counseling, the family, the student and special education
  - The IEP Team does not determine the course of study nor does the IEP Team determine the need for a Personal Curriculum

### Key resources

- Data Based Course of Study Process
- What Everyone Needs to Know About: Course of Study
- miPlace [Personal Curriculum](#) Resources

# Secondary Transition Services

SECONDARY TRANSITION SERVICES		
<b>Needed Transition Services and Activities Related to Student's Postsecondary Goals (Vision) and Present Level of Academic Achievement and Functional Performance.</b> <ul style="list-style-type: none"> <li>■ All areas below must be considered.</li> <li>■ Describe needed services/activities in at least ONE area.</li> <li>■ Describe responsibilities of each participant.</li> </ul>	Agency/Title of Person Responsible	Expected Completion Date
<input type="checkbox"/> <b>Instruction</b>		
<input type="checkbox"/> Considered, none needed. Explain:		
<input type="checkbox"/> <b>Community Experiences</b>		
<input type="checkbox"/> Considered, none needed. Explain:		
<input type="checkbox"/> <b>Development of Employment</b>		
<input type="checkbox"/> Considered, none needed. Explain:		
<input type="checkbox"/> <b>Other Post-School Adult Living Objectives</b>		
<input type="checkbox"/> Considered, none needed. Explain:		
<input type="checkbox"/> <b>Acquisition of Daily Living Skills (when appropriate)</b>		
<input type="checkbox"/> Considered, none needed. Explain:		
<input type="checkbox"/> <b>Functional Vocational Evaluation (when appropriate)</b>		
<input type="checkbox"/> Considered, none needed. Explain:		

## Be sure to Include

- Individualized Services and Activities
- Services and Activities aligned to Annual goal(s) and MPSG
- How the school and community agencies will be responsible for delivering services.
  - (Not everything can be on the student/family)

## Don't Forget

- Anything considered but not needed requires an explanation here or in Notice
- Substantiate with assessment information

## Key resource

- Transition Resource Navigator
- Coordinated Set of Needed Activities/Strategies
- Guide for Transition Planning
- Any old services log will do!
  - Tweak as needed.

# Agency Representation

## AGENCY REPRESENTATION

A representative from any other agency likely to be responsible for providing or paying for transition services must be invited to attend each IEP Team meeting. NOTE: Consent is required prior to each IEP Team meeting when inviting agency representatives.

☐ There was NO need to invite a community agency representative.

☐ There was a need to invite a community agency representative likely to provide or pay for transition services.

☐ Consent was obtained

Date: \_\_\_\_\_

☐ Consent was NOT obtained?

Reason: \_\_\_\_\_

Did the community agency representative attend the IEPT?

☐ YES ☐ NO

*Note: If the designated agency fails to provide the recommended service(s), the public agency responsible for the student's education shall call a meeting to identify alternative strategies and, if necessary, revise the IEP.*

## Be sure to Include

- Assessment information and explanation substantiating no need to invite a community agency
- Written consent to invite a community agency that is likely to provide or pay for services
- Well documented attempts to secure consent

## Don't Forget

- The obligation is to obtain consent and invite when a transition service is likely to be provided by a community agency (hint: what does the transition assessment information say?)
- No predetermination! The obligation is to invite when there is a need
  - Participation is a different matter.

## Key resources

- Sample Agency Consent Form
- Inviting Participating Agency
- Agency Invitation letter

# Age of Majority

Secondary transition services are required to be in effect when the student turns 16. IEP teams are recommended to consider secondary transition services at a younger age if appropriate. Secondary transition considerations must be updated annually thereafter.

Student Name \_\_\_\_\_ IEPT Date \_\_\_\_\_

**Parental Rights and Age of Majority** (Check all applicable)

- ☐ **The student will be age 17** during this IEP and the student was informed of parental rights that he or she will receive at age 18.
- ☐ **The student has turned age 18** and the student and parent were informed of parental rights that were transferred to the student at age 18, including the right to invite a support person such as a parent, advocate, or friend.
- ☐ **The student has turned age 18** and a legally designated representative has been appointed. The representative is:

\_\_\_\_\_ as \_\_\_\_\_  
(e.g., guardian, power of attorney, trustee)

## Be sure to Include

- Information for parents on Guardianship and Alternatives

## Don't Forget

- Identify somewhere the nature of the legally designated representative
  - Power of Attorney?
  - Guardian (Full vs Partial)

## Key Resource

- Turning 18 Checklist

# Supplementary Aids and Services

## Supplementary Aids and Services

Supplementary aids and services are provided to enable the student:

- To advance appropriately toward attaining the annual goals.
- To be involved and progress in the general education curriculum and to participate in extra-curricular and other nonacademic activities.
- To be educated and participate in activities with other students with disabilities and nondisabled students.

Supplementary aids and services are needed at this time:		
<b>Ongoing Instruction and Assessment</b> Scheduling, Presentation, Response, etc.	<b>Time/Frequency/Condition</b>	<b>Location</b>
<b>Curriculum Supports and Adjustments</b> Directions, Grading, Handwriting, Assignments, Tests, Books, etc.	<b>Time/Frequency/Condition</b>	<b>Location</b>
<b>Supports and Modifications to the Environment</b> Classroom Environment, Health-Related Needs, Physical Needs, Assistive Technology, Behavioral, Training Needs, Social Interaction Supports for the Student, etc.	<b>Time/Frequency/Condition</b>	<b>Location</b>
<b>Other Supports, Accommodations, and Modifications</b>	<b>Time/Frequency/Condition</b>	<b>Location</b>
<b>All aids and services identified will begin on the implementation date of the IEP and continue for the duration of the IEP.</b>		

OR

☐ Supplementary aids and services are not needed at this time.

## Be sure to Include

- Specifics like  
Time/Frequency/Condition

## Don't Forget

- SAS Logs – if it isn't documented, it didn't happen

## Key Resource

- SAS Logs
- What Everyone Needs To Know About: SAS

**MODIFICATIONS / ACCOMMODATIONS**  
**Service Log**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: **YOUR SCHOOL**

IEP Date: \_\_\_\_\_

**MODIFICATIONS AND ACCOMMODATIONS**

**CUT AND PASTE SUPPLEMENTARY SERVICES HERE**

**Marking Period – Documentation Report of Accommodations**

General Education Teacher: \_\_\_\_\_ Special Education Teacher: \_\_\_\_\_

● TransitionConnections  
Oakland County

# Special Education Services and Programs

**Special Education Services and Programs**

Related Service/Rule Number	Direct/Consult	Specific Amount of Time and Frequency	Location	Duration*
		___ to ___ <u>min/hrs</u> ___ to ___ <u>wk/mo/yr</u>		Begin: End:
Program/Rule Number	Departmentalized	Specific Amount of Time and Frequency	Location	Duration*
	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ to ___ <u>min/hrs</u> ___ to ___ <u>wk/mo/yr</u>		Begin: End:
<input type="checkbox"/> The program(S) listed above is included under the ISD operational Plan (R 340.1832e).				
Is the severity of the student's impairment such that it requires a licensed practitioner authorization for daily personal care services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
* All programs and services listed above will begin on the implementation date of the IEP and continue for the duration of the IEP, unless otherwise indicated above in the "Duration" column.				

## Be sure to Include

- Service or Rule number, Direct vs Consult, Time & Frequency

## Don't Forget

- Indicate if the ISD Plan includes a variation to MRASE rules
  - Oakland County 1832e T

## Key Resource

- [miPlace](#)



# Documentation On Notice Form

## NOTICE FOR PROVISION OF SERVICES AND PROGRAMS INDIVIDUALIZED EDUCATION PROGRAM

The *Individuals with Disabilities Education Act (IDEA)* mandates that the district provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when they refuse to initiate or change the educational placement of the student or the provision of a FAPE to the student.

You are receiving this notice for

<b>Student</b>	Last: _____	First: _____	M: _____	ID: _____
Attending Building: _____		Grade: _____	Birth Date: _____	

The district is delivering this notice via: \_\_\_\_\_ On: \_\_\_\_\_

<input type="checkbox"/> You are receiving this notice because we are offering the provision of FAPE. The programs and services will begin on _____ and will be located at _____. This proposal is the result of the Individualized Education Program (IEP) team meeting, dated _____, that was convened for the purpose of	
Check one of the following:	Check all others that apply
<input type="checkbox"/> Annual IEP/Review IEP	<input type="checkbox"/> Change of Placement
<input type="checkbox"/> Reevaluation IEP	<input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Secondary Transition
	<input type="checkbox"/> Change of Eligibility
	<input type="checkbox"/> Other: _____

<input type="checkbox"/> You are receiving this notice because this student was found ineligible for special education programs and services at the Individualized Education Program (IEP) team meeting, dated _____, that was convened for the purpose of a reevaluation IEP.
--

The IEP describes each evaluation procedure, assessment, record, or report used in this offer of a FAPE.  
☐ In the course of the development of the IEP, other options (e.g., programs and services, supplementary aids and services) considered but not selected were:

Option Considered but Not Selected	Reason Not Selected

<input type="checkbox"/> No other options were considered.
--

<input type="checkbox"/> Other factors that are relevant to the district's proposal or refusal (describe): _____
--

<input type="checkbox"/> There are no other factors that are relevant to the district's proposal or refusal.
--

If the IEP team has determined that programs and services will be provided in a district other than the student's district of residence:
<input type="checkbox"/> The resident district authorizes/authorized the operating district _____ to conduct subsequent IEP team meetings.
<input type="checkbox"/> The resident district will conduct subsequent IEP team meetings.

This notice and the student's IEP constitute the district's offer of a FAPE. <b>x</b>
Signature of Superintendent or Designee _____ Date _____

Related links
• The Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at <a href="http://www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-188305--00.html">www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-188305--00.html</a> .
• Sources for parents to contact to obtain assistance in understanding the provisions are available at: <a href="https://oakland.k12.mi.us/instructional/technical-assistance/special-ed-compliance/parents-families/Pages/default.aspx">https://oakland.k12.mi.us/instructional/technical-assistance/special-ed-compliance/parents-families/Pages/default.aspx</a> .

## Be sure to Include

- Specifics like Time/Frequency/Condition

## Don't Forget

- SAS Logs – if it isn't documented, it didn't happen

## Key Resource

- SAS Logs
- What Everyone Needs To Know About: Notice

# Summary of Performance

## Summary of Performance

Report Date: \_\_\_\_\_

Student Name: _____	Birthdate: _____	Student ID#: _____
Resident District: _____	Grade: _____	
Primary Disability: _____		
Secondary Disability: _____	Anticipated Exit Date: _____	

Summary of academic achievement and functional performance:

- How the student's general disability has affected the student's academic achievement and functional performance and progress in the general education curriculum:

--

- ☐ The student's academic and functional strengths:

--

- ☐ The results of the student's vocational and transition assessments:

--

- ☐ The results of the student's most recent state or district assessments:

--

- ☐ The results of any college entrance examinations (e.g. SAT, ACT):

--

- ☐ The results of the most recent special education evaluation of the student:

--

- ☐ Whether the student is graduating with a general education diploma, and whether the student achieved a Certificate of Completion:

--

## Be sure to Include

- Information on how disability impacts academic and functional performance
- Accommodations and Modifications known to be effective
- AT known to be effective
- Recommended next steps for the student/family

## Don't Forget

- Must be provided prior to exit

## Key Resource

- Exit interview
- [miPlace Transition](#)

# Work Based Learning

## Work-Based Learning Training Agreement/Non-CTE Programs/ Special Education Transitions Program

[The format of this form is optional and may be adopted or adapted as needed for school district use.]

### Student/Learner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Grade (9-12 Only): \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact Information: \_\_\_\_\_  
Email Address (Optional): \_\_\_\_\_

### School District Information

School District Name: \_\_\_\_\_ School Address: \_\_\_\_\_  
Certificated Teacher/Coordinator: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

### Employer Information

Name of Business: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Worker's Disability Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Liability Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

### Placement Information

Type of Placement (check one): ☐ Paid ☐ Unpaid [If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement.]

Job Title: \_\_\_\_\_ Date Employment Begins: \_\_\_\_\_  
Date Employment Ends: \_\_\_\_\_

\_\_\_\_\_ Date of Safety Training that has been provided by the school or the employer.

Hours to be worked (cannot exceed 24 hours per week when school is in session for students ages 16 & 17):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Total Classes/Hours Per Day: \_\_\_\_\_ Total WBL Hours Per Day: \_\_\_\_\_ Starting Wage (if paid): \_\_\_\_\_

## Be sure to Include

- Employer information
- Liability insurance information

## Don't Forget

- WBL cannot exceed .5 FTE
- Work and school schedule have to align

## Key Resource

- [miPlace Transition](#)

# The End

- Questions



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