

High School Special Education Transition Programming Checklist *

Student Name _____ Verification _____

NA	Included	Completed		Comments
Adult Services-Sophomore level or turning age 16 during current IEP year				
			VR Referral	
			VR Interest Inventory	
			DDS Personnel Contacted	
			Work Experience Summary Begun and Updated Annually	
			VR Evaluation	
			Pilot Project Application (if appropriate)	
High School Assessment				
			Explore (8 th grade)	
			Freshman Level Interest Inventory	
			PLAN Test	
			Asset/Compass Test	
			ASVAB Test	
			ACT Test	
			Terra Nova Test	
			Accommodations for Testing Outlined	
			CRA's/State Standards Levels reported in IEP	
Transcript Review/Graduation Progress				
			Regular Curriculum	
			Alternate Curriculum	
			30 Hours Community Service	
			Performance Summary Write-up Begun and Updated Annually	
			Performance Summary Finalized for Graduates	

Parent/Guardian Signature

Date

***Note: Review Annually at IEP and Attach Copy to Personal Learning Plan**