

Guidance for Special Education Personnel

Section 4 – Consideration of Special Factors		
BEHAVIOR	Does the student’s behavior impede the student’s learning or the learning of others to the extent the student may require positive behavioral interventions and supports?	○ YES ○ NO
COMMUNICATION	Does the student have communication needs? <i>(Consider the communication needs of a child that is unintelligible, non-verbal, or Deaf or Hard of Hearing: consider the language and communication needs, and opportunities for direct communication with peers/ professional personnel in the child’s language/communication mode)</i> SPECIFY the need(s):	○ YES ○ NO
LANGUAGE	Does the student have language needs due to Limited English Proficiency (as they relate to the IEP)?	○ YES ○ NO
VISUAL IMPAIRMENT	Does the student require instruction in Braille or the use of Braille?	○ YES ○ NO
ASSISTIVE TECHNOLOGY	Does the student require Assistive Technology (AT) devices, tools, implements or AT related services (includes “low-tech” items)? DESCRIBE:	○ YES ○ NO
OTHER FACTORS		
PRINT DISABILITY	Does the student possess a disability (visual impairment, physical impairment, or learning disability) that prevents from gaining information from standard print-based instructional materials requiring a specialized format (Large Print, Digital, Audio, Braille)?	○ YES ○ NO
TRANSPORTATION	Does the student now or has the student ever required special (aide support, lift, etc.) transportation?	○ YES ○ NO
MEDICAL	Does the student have specific medical needs that must be met by the school district? DESCRIBE (or attach a medical plan to the IEP):	○ YES ○ NO

-If “YES” to any special factor, the IEP must address the special factor(s) identified

Section 5 – Secondary Transition <i>(Required before the student turns 16 – younger if appropriate)</i>		
1. Was the student invited to attend this IEP meeting?	○ N/A ○ YES ○ NO	
2. Has the student completed an age appropriate transition assessment?	○ YES ○ NO	
3. Has the IEP team determined if the student should apply to the Department of Vocational Rehabilitation (DVR) or Tribal Vocational Rehabilitation (TVR)?	○ YES ○ NO	
4. Does the student’s IEP includes appropriate measurable post-secondary goals that cover the education/training, employment, and independent living plan (reviewed annually)?	○ YES ○ NO	
5. If outside agencies/community partners are a part of this plan, were they invited (with parental consent) to the IEP meeting?	○ N/A ○ YES ○ NO	
IDENTIFY ALL AGENCIES/COMMUNITY PARTNERS		
Agency/Community Partner	Point of Contact	Phone

Guidance for Special Education Personnel

APPROPRIATE MEASURABLE POSTSECONDARY GOALS		
<i>Consider the student's strengths, interests and preferences, and based on age appropriate transition assessments.</i>		
Post-School Goals for Employment "My plan for a job is..."	Source	
Post-School Goal for Training and/or Education "Upon completion of high school, I will..."	Source	
Post-School Goal of Independent Living "My plan for living arrangements is..."	Source	
STATEMENT OF TRANSITION SERVICES: COORDINATED ACTIVITIES/STRATEGIES		
Activities/Strategies Related to Measurable Postsecondary Goals	Date to Implement	Person/Agency Arranging or Providing Services
Instruction:		
Related Services:		
Community Experiences:		
Employment:		
Adult Living:		
Daily Living Skills:		
Functional Vocational Evaluation:		
COURSE OF STUDY		
<i>Considering the student's strengths, interests, preferences, and desired postsecondary goals, list the specific courses of study for the period of time covered by this IEP that will promote movement from school to the student's desired post-school goals.</i>		
School Year	Grade	Courses