

# **INDICATOR 13 CHECKLIST HANDBOOK 2012-2013**

**STEP BY STEP INSTRUCTIONS  
FOR A VARIETY OF PROCEDURES RELATED TO  
THE CHECKLIST FOR INDICATOR 13**

DEPARTMENT OF EXCEPTIONAL PROGRAMS

CONTACTS FOR INFORMATION CONCERNING THE  
INDICATOR 13 CHECKLIST

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MCPS -- INDICATOR 13 REPORTING TRANSITION CHECKLIST				2012-2013	
STUDENT NAME		DOB		SCHOOL	
DISABILITY		GRADE		ETHNICITY	
STI #		GENDER		DATE OF IEP:	

**GUIDELINES ON COMPLETING THE INDICATOR 13 CHECKLIST:**

1. A checklist must be completed on all Annual IEP's written on students who will be 14 or older during the course of the IEP;
2. Some areas of the checklist can be completed prior to the IEP meeting and some must be completed at the end of the IEP meeting;
3. Teachers do not have to complete the STI# section in the header of the Checklist;
4. I have highlighted the checklist to indicate what the answer to certain questions has to be; If the answer is not in a highlighted section, then the teacher will need to fix whatever area is in non-compliance so that the answer is in a highlighted section.
  - a. If the area is not fixed prior to the end of the meeting, then the teacher will need to hold a revision to fix that area;
5. A checklist must be completed on all applicable ANNUAL IEP's written from 7/1/12 – 6/30/13;
6. The completed checklist must be sent to cpeffer via an email attachment within 10 days of the IEP meeting. Please follow the procedures below:
  - i. CHECKLIST file name: last name, first name, middle initial, 120498 (DOB no spaces, lines, or slashes), PVHS (school in all caps), IND13; DATE OF ANNUAL IEP
  - ii. Email this file to cpeffer within 10 days of IEP meeting with the subject of the email labeled as "INDICATOR 13 CHECKLIST);
7. Xxx

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REPORTING DATA

REVIEWER INITIALS		
FIRST REVIEW DATE		AMENDED REVIEW DATE

CHECKLIST

**THERE CAN BE NO AREAS CHECKED "NO" ON THIS CHECKLIST – YOU NEED TO DOUBLE CHECK THE IEP AND MAKE SURE THAT THE DATA IN THE IEP ACCURATELY MATCHES THE ANSWERS ON THIS CHECKLIST**

1	Is there evidence that the student was invited to attend the IEP Team meeting:					
a.	If the student has reached the age of majority?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> N/A
b.	If the purpose of the meeting is the consideration of postsecondary goals and transition services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
2	If a representative of any participating agency was invited to the IEP Team meeting, is there evidence that the LEA obtained prior written consent of the parent/guardian or student who has reached the age of majority?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> N/A
<b>CONSENT MEANS WRITTEN CONSENT. N/A MAY BE CHECKED WHEN PRIOR CONSENT OF THE PARENT(S)/GUARDIAN OR STUDENT WHO HAS REACHED THE AGE OF MAJORITY COULD NOT BE OBTAINED</b>						
3	Are there measurable postsecondary goals relating to training, education, employment, and where appropriate, independent living skills that is annually updated?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
<b>NOTE: CHECK YES ONLY WHEN: GOALS ARE MEASUREABLE, GOALS ARE WRITTEN TO BE MET AFTER SECONDARY SCHOOL, GOALS ARE APPROPRIATE FOR THE STUDENT BASED ON TRANSITION ASSESSMENT, INFORMATION FOUND IN THE PRESENT LEVEL OF PERFORMANCE (PLOP) AND OTHER COMPONENTS OF THE IEP, AND GOALS ARE RELATED TO TRAINING, EDUCATION, EMPLOYMENT, AND WHERE APPROPRIATE INDEPENDENT LIVING</b>						
4	Are the postsecondary goals based upon age appropriate transition assessment related to training, education, employment, and where, appropriate, independent living skills?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
<b>NOTE: CHECK YES ONLY WHEN: THERE IS DOCUMENTATION OF AGE APPROPRIATE TRANSITION ASSESSMENT; THE ASSESSMENT RELATES TO TRAINING, EDUCATION, EMPLOYMENT, AND WHERE APPROPRIATE, INDEPENDENT LIVING; AND THE POSTSECONDARY GOALS HAVE SOME RELATIONSHIP TO THE AGE APPROPRIATE TRANSITION ASSESSMENT</b>						
5	Are appropriate measurable postsecondary goals updated at least annually?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
<b>NOTE: CHECK YES ONLY WHEN THERE IS EVIDENCE THAT THE IEP IS REVIEWED/UPDATED ANNUALLY AND AS PART OF THE IEP, POSTSECONDARY GOALS ARE REVIEWED/UPDATED ANNUALLY.</b>						
6	Does the IEP include annual goals related to the student's transition services needs?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
<b>NOTE: CHECK YES ONLY WHEN YOU CAN DETERMINE THAT THE ANNUAL GOALS AND ACTIVITIES RELATE TO THE STUDENT'S TRANSITION SERVICES NEEDS AND PROMOTE MOVEMENT TOWARD POSTSECONDARY GOALS.</b>						

- Comment [c1]:** THIS SHOULD ONLY BE MARKED YES IF THE STUDENT IS 18 YEARS OF AGE AT THE TIME OF THE IEP MEETING;
- Comment [c2]:** THIS SHOULD ALWAYS BE MARKED YES
- Comment [c3]:** A SEPARATE INVITATION LETTER SHOULD BE INCLUDED WITH THE IEP IF AN OUTSIDE AGENCY IS INVITED TO THE IEP;
- Comment [c4]:** THE FOLLOWING FORM (PRIOR PARENTAL CONSENT FOR OUTSIDE AGENCY) SHOULD BE COMPLETED PRIOR TO THE INVITATION OF AN OUTSIDE AGENCY TO THE IEP MEETING

**Comment [c5]:** GOALS MUST BE RELATED TO THE INFORMATION COLLECTED IN THE TRANSITION ASSESSMENT

**Comment [c6]:** THIS IS ONE REASON WHY THE IEP CANNOT BE OUT OF COMPLIANCE IN REGARDS TO THE ANNUAL REVIEW DATE

**Comment [c7]:** THESE ARE ACADEMIC GOALS THAT WILL HELP THE STUDENT SUCCEED IN REACHING HIS/HER POST SECONDARY GOALS

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7	Are the transition services, including the courses of study, focused on improving the academic achievement and functional performance of the student to facilitate movement from school to post-school activities?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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**NOTE: CHECK YES WHEN YOU CAN DETERMINE THAT THE SERVICES, INCLUDING COURSES OF STUDY, ARE LIKELY TO IMPROVE ACHIEVEMENT AND PERFORMANCE MOVING THE STUDENT TOWARD POST-SCHOOL ACITIVITIES.**

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**MCPS PERMISSION TO INVITE AN AGENCY TO THE IEP MEETING  
CONFIDENTIAL**

<b>STUDENT:</b>		<b>DOB:</b>		<b>SCHOOL:</b>	
<b>1<sup>st</sup> Attempt Date</b>		<b>2<sup>nd</sup> Attempt Date</b>		<b>3<sup>rd</sup> Attempt Date</b>	

**PRIOR PARENTAL / ADULT STUDENT CONSENT FOR AN OUTSIDE AGENCY TO  
BE INVITED TO THE IEP MEETING TO DISCUSS TRANSITION SERVICES**

Agencies that May be Invited (The IEP Invitation letter will indicate the specific agency that is being invited to your child's IEP meeting) may include some of the following: College/University Representatives, Community College Representatives, Department of Rehabilitative Services, etc.

I **GIVE PERMISSION** for Mecklenburg County Public Schools to invite an outside agency to my child's IEP meeting to discuss the need for possible transition services.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT

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I **DO NOT GIVE PERMISSION** for Mecklenburg County Public Schools to invite an outside agency to my child's IEP meeting to discuss the need for possible transition services.

DATE \_\_\_\_\_

\_\_\_\_\_

SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)/SURROGATE/ADULT STUDENT