

Capistrano Unified School District
San Juan Capistrano, California

Student Name	Date of Birth	Attach to IEP DATED	Projected Graduation/Transition Date
BY AGE 14: DESIRED POST-SCHOOL OUTCOME STATEMENT: This statement should address areas of student preferences/interests in future school / post-school needs, activities, and resources such as education, vocational training, integrated employment, continuing and adult education, adult services, Independent living and/or community participation / agencies.			
BY AGE 16: An <u>Individualized Transition Plan</u> will be developed			

Individualized Transition Plan (ITP)

Desired Post - School Outcome	Goals and Objectives/Benchmarks	Agency/Person Responsible	Date of Initiation	Date Completed
1. Instruction: Full time / Part time College Vocational Training / ROP Adult Education Refer to EP Goals W Team has determined additional services are not needed at this time Other _____				
2. Community Experience / Resources: Access to community resources/agencies/ services Social/Recreational Transportation/Mobility IEP Team has determined additional services are not needed at this time Other _____				
3. Development of Employment/Activity Objectives Pre-employment skills Vocational eval./assessment Full time / Part time Employment Supported Employment/Activity Program IEP Team has determined additional services are not needed at this time Other _____				
4. Daily Living Skills Independent living skills Instruction Independent living Semi Independent living Supported living IEP Team has determined additional services are not needed at this time Other _____				
5. Related Services identify if not listed on IEP under Designated Instruction/Services (DIS) Mobility Specialist Other _____				

BY AGE 17: _____ (initials) I acknowledge I have been Informed of special education rights that will transfer to me at age 18 (Required by 17th birthday.)

Initials: Student _____ Parent _____ Teacher _____