Transition Plan

Name _____ **Date** _____

Postsecondary Goals

Training/Education: _____

Employment: _____

Independent Living: _____

Strengths

_____

_____

_____

_____

Assessments

_____

_____

_____

_____

Transition Needs	GSC	IEP	Res	Date Start	Date Met

Legend

GSC (Method)
G = Annual Goal
S = Transition Service
C = Course of Study
Blank = Unassigned

IEP Categories
IN = Instruction
RS = Related Services
CE = Community Experiences
DE = Develop Employment
DL = Daily Living Skills

Res (Responsibility)
Sc = School
P = Parents
St = Student
O = Other