**HO # 3**

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| **Form C: Post-Secondary Transition Plan**  This plan was developed considering the individual student’s needs, preferences and interests. This plan must be completed, beginning not later than the first IEP to be in effect when the student turns 16, and updated annually. | | |
| **EMPLOYMENT (REQUIRED)** | | |
| **MEASURABLE**  **POST-SECONDARY GOAL(S)** | (What work the student will do after graduation from high school.)  **After high school, I, \_\_\_\_\_\_\_\_\_\_\_\_\_(student name) WILL. . .** | |
| **TRANSITION SERVICES** | (May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.) | |
| **Responsible Agency/Person** | **List Transition Services** | |
| School |  | |
| Student |  | |
| Parent |  | |
| Outside Agency\* (specify agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* If appropriate, MUST be invited to IEP meeting with proper consent |  | |
| **EDUCATION/TRAINING (REQUIRED)** | | |
| **MEASURABLE**  **POST-SECONDARY GOAL(S)** | | (What education/training the student will complete after graduation from high school.)  **After high school, I, \_\_\_\_\_\_\_\_\_\_\_\_\_(student name) WILL. . .** |
| **TRANSITION SERVICES** | | (May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.) |
| **Responsible Agency/Person** | | **List Transition Services** |
| School | |  |
| Student | |  |
| Parent | |  |
| Outside Agency\* (specify agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* If appropriate, MUST be invited to IEP meeting with proper consent | |  |
| **INDEPENDENT LIVING** (IF APPROPRIATE - Refer to Independent Living Goal Worksheet ) | | |
| **MEASURABLE**  **POST-SECONDARY GOAL(S)** | | (How the student will live after graduation from high school.)  **After high school, I, \_\_\_\_\_\_\_\_\_\_\_\_\_(student name) WILL. . .** |
| **TRANSITION SERVICES** | | (May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated postsecondary goal.) |
| **Responsible Agency/Person** | | **List Transition Services** |
| School | |  |
| Student | |  |
| Parent | |  |
| Outside Agency\* (specify agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* If appropriate, MUST be invited to IEP meeting with proper consent | |  |

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| Include a multi-year description of coursework aligned to the student’s post-secondary goals.  Attach four-year plan or list courses below to be completed before graduation | | | | | | | | | |
| School Year 1:  Semester One | Employment | Educ./Training | Ind. Living | Semester Two | Employment | Educ./Training | Ind. Living |  | **NOTES** |
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| School Year 2:  Semester One |  |  |  | Semester Two |  |  |  |  |  |
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| School Year 3:  Semester One |  |  |  | Semester Two |  |  |  |  |  |
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| School Year 4:  Semester One |  |  |  | Semester Two |  |  |  |  |  |
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| School Year 5:  Semester One |  |  |  | Semester Two |  |  |  |  |  |
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| Student will graduate by: ☐ earning required credits ☐ meeting IEP goals and objectives.  Anticipated month and year of graduation: \_\_\_\_/\_\_\_\_ | | | | | | | | | |

**Course of Study**