

# Operating Guidelines for Transition Services

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## Introduction

In Judson ISD, Transition Services are a coordinated set of activities for students with disabilities designated within an results oriented process focused on improving the academic and functional achievement of the child with a disability to facilitate movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, independent living, and community participation. These coordinated activities must be based on individual needs taking into account the student's strengths preferences and interests needed services in the areas of:

- Instruction
- Related Services
- Community Experiences
- Development of Employment and other post-school adult living objectives
- And, if appropriate, acquisition of daily Living Skills and Functional Vocational evaluation must be included in the IEP

## Guidelines

To provide a coordinated process for transition services, in the IEP, for students and to insure that all stakeholders are involved, the following procedural guidelines are provided to address the transition requirements in both federal and state regulations.

### Awareness Phase

Before a student with a disability turns 14, the student and parents should be provided with information regarding transition planning to assist them with graduation planning and an appropriate high school course study to meet the student's desired post-school outcome. However, planning for students with Autism and/or severe Intellectual Impairments should begin by the age of 8. Examples include brochures from a link to the state transition website: <http://www.transitionintexas.org> (samples in appendix)

### Planning Phase

By a student's 14th birthday, the ARD/IEP must begin to consider and address if appropriate, 9 areas related to early transition planning (see checklist attached to this section). To comply with this state requirement, make sure the notice of ARD/IEP explains to the student and parents/ guardians that transition considerations will be one of the things discussed at the ARD meeting and during the actual meeting, use the Transition Services portion of the ARD packet to document the committee's effort to

identify the transition considerations recommended to promote movement towards the post-school goals of the student. A “best practice” would be to use a Student Survey for Transition Planning, and a Parent Survey for Transition Planning to gain input from the family. Have ARD documentation in case either the parent or student is unable to attend an ARD/IEP meeting in which transition will be discussed. A transition folder with checklists to document skill acquisition and develop IEP goals and objectives for transition is part of the high school “monitor teacher’s” individual student folders, along with surveys to provide for student/ parent input into present levels of independence, vocational skills, hobbies, interests as well as long-range goals for the future.

### Action Phase

If an agency that has agreed to services and fails to do so, the school district must schedule an IEP meeting as soon as possible to determine alternate strategies to provide the services the agency had agreed upon.

By a student’s 16<sup>th</sup> birthday, the Transition Services portion of the ARD/IEP must be developed with input from the student (who must be invited to the ARD) and, preferably the parents input as well. Before any “needed transition services” are included in the ARD/IEP, the committee must determine the student’s measurable post-school goals, based on age-appropriate transition assessments, regardless of the student’s skill levels relating to education, employment and training. Independent living skills, to include community access skills may be included if the ARD Committee determines it is necessary. Then, a course of study to promote movement to desired post-school outcomes must be developed and included in the IEP. Next, the ARD committee determines any needed transition services for the student, in the areas of instruction, related services, development of employment, community experiences and any other post-school adult living objectives. It is imperative to determine in the IEP, how the service will be provided, by whom (person responsible), and how it will be evaluated. The transition services must be updated annually. If the ARD Committee chooses to address transition services before the age of 16 these same requirements apply.

The ARDC will provide parents with information from agencies that support transition planning for Autism and/or severe Intellectual Impairments.

Transition assessments, which could be either formal or informal, are required before the measurable post-school goals can be developed. Informal Assessments for Transition Planning is a highly regarded source for a variety of informal measures. It is available from Pro-Ed Publishing in Austin.

The district additionally uses the Enderle-Severson Transition Rating Scales. Contact the Special Education Department Chair or Coordinator for the high school to order additional copies. The results of

the Enderle-Severson Scales can be inputted into the company's online report generating tool and summary report of each student's transition assessment results related to employment, post-school education training, and independent living must be used to determine post-school goals. *The case manager will maintain documentation of both the student and parent input of transition services. An audit copy must be in the file at the Special Education Office.*

### **Appendix for Transition Services**

1. Checklist for reviewing compliance with federal and state transition regulations
2. Transition planning tool to document transition process for the state performance plan indication #13
3. Sample transition information from [www.transitionintexsa.org](http://www.transitionintexsa.org)
4. Sample community resource guide for parents
5. Transition Planning Survey (Parent/Guardian and Student)

## A CHECKLIST FOR REVIEWING COMPLIANCE WITH THE FEDERAL AND STATE TRANSITION REQUIREMENTS

### \*REQUIRED ITEMS

#### Notice of ARD Requirements:

- \*1. Yes No Does the ARD Notice show that the **student** was invited to the ARD? (Required for all Sp. Ed. Students when ‘transition service needs’ or “needed transition services” are being considered/ addressed)
  - \*2. Yes No Did the school invite a representative of any other agency that is likely to be responsible for providing or paying for transition services?
  - \*3. Yes No Was the parent informed on the Notice that 1) the student would be invited and 2) transition considerations and service discussed?
  - \*4. Yes No If any agency invited to attend did not do so, did the school take steps to obtain participation in the planning/ information sharing? How?
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- \*5. Yes No Was the parent invited to ARD?
  - \*6. Yes No Are the time and location of the ARD meeting given, as well as the opportunity to re-schedule the meeting for a mutually agreeable time and place?
  - \*7. Yes No Did the school obtain parental consent or consent of adult student to invite a representative of a participating agency.

#### ARD/IEP Requirements:

- \*1. Yes No By a student’s 14th birthday, nine initial transition considerations are included in the IEP: a) the student’s involvement in their transition; b) parent involvement both before and after age 18; c) any post-secondary educational options; d) age-appropriate instructional environments for students 18 and older; e) independent living goals and objectives; f) circumstances for referral to a government agency; and functional vocational evaluation.
- \*2. Yes No Is there evidence the statement was updated annually?
- \*3. Yes No By the 16th birthday of the IEP contains the student’s measurable post secondary goals based on age appropriate transitioning assessment.

- \*4. Yes No If the student is sixteen or older a statement of needed transition services is included in the IEP. Areas to address include any needed transition services in the areas of:
- a. instruction
  - b. related services
  - c. community experience
  - d. development of employment and other post-school adult living objectives
  - e. when appropriate, daily living skills
  - f. when appropriate, functional vocational evaluation
- \*5. Yes No Are the activities in the statement of needed transition services presented as a coordinated set of activities that promote movement from school to desired post-school activities?
- \*6. Yes No Are the activities based on the student's needs taking in to consideration student preferences and interests and abilities?
- \*7. Yes No If appropriate, does the IEP include a statement of each public agency's responsibilities and linkages before the student leaves the school setting?
- \*8. Yes No Are the transition services revised/ updated at least annually and responsible party for each service identified?
- \*9. Yes No If an outside agency that had agreed to provide transition services to a student fails to do so, has the school initiated an ARD/IEP meeting to identify alternative strategies to meet the transition objectives, and was this meeting held as soon as possible?
- \*10. Yes No Is the course of study developed to meet the transition goals?



## Transition Planning Tool

### Measurable POST-SCHOOL GOALS (based on results of age-appropriate transition assessments):

Employment:

Training:

Post-secondary Education:

Independent Living:

### “TRANSITION SERVICES” to include in IEP (may be special education- “specially designed instruction,” Related Services, supplemental aids, etc.)

Instruction:

Related Services:

Development of Employment:

Community Experiences:

Other Adult Living objectives:

Annual Goals and Objectives with Transition Focus:

Interagency linkages (e.g. referrals)

Interagency Responsibilities (another agency’s commitment to provide service):

Student and Parents’ involvement in Transition:

Notes:

## “Interagency Linkages for Transition” Checklist

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact Information (phone/address/email): \_\_\_\_\_

**Y** **N**

- 1. Requested child’s name be placed on Medicaid Waiver Interest List(s) – **BMRA** 210-832-5020
- Community Living Assistance & Support Services (**CLASS**) 1-877-438-5658
- Home and Community Based Services (**HCS**) 210-832-5020
- Medically Dependent Children’s Program (**MDCP**) 1-877-438-5658
- Deaf-Blind Multiple Disabilities Program (**DBMD**) 1-877-438-5658

**Note:** Placement on an interest list(s) indicates the consumer’s interest in the Medicaid Waiver program.

Eligibility will be determined when name gets to the top of list. **CLASS & HCS** Interest Lists have an 8 – 12 year waiting period, sign ups as soon as possible! **Keep written records** of dates & contact persons when checking/responding to Interest List status.

- 2. If student has autism, mental retardation, or a related condition contact the Bexar Mental Retardation Authority (**BMRA**) to request Enrollment and Eligibility Determination, contact: 832 - 5020
- 3. If a Determination of Mental Retardation (DMR) is obtained from BMRA, consider how to pay for Service Coordination. Medicaid will pay for Service Coordination if the student is Medicaid eligible. Otherwise, the Service Coordination fee is based on a sliding scale according to the family’s income.
- 4. Attend parent training sessions/community resource information events as soon as possible. Knowledge is power!
- 5. Consider options for a special needs trust within parent/guardian’s will if there are assets in excess of \$2,000 to be left for the student’s benefit. Contact The ARC of TX Master Pooled Trust 1-512 - 454 – 6694 or the ARC-SA: 210-490-4300 for a list of attorneys experienced with guardianship, wills and “special needs trusts.”
- 6. Consider options for respite for primary caregivers, Contact Camp C.A.M.P. 210-292-3566, Respite Care of San Antonio, 210-737-1212, Respite Station (medically involved) 210-704-3497, or Community day programming options for day services during school holidays.
- 7. Apply for VIA TRANS (Para-transit services) - contact VIA Metropolitan Transit 210-362-2146
- 8. Discuss/tour residential living options, ICF-MR group homes, HCS group homes, Apartment - Independent Living with Support Services, etc. Start by calling the ARC-SA (210) 490-4300 for information/referral.
- 9. Apply for SSI benefits just before the 18<sup>th</sup> birthday (if developmentally/significantly disabled) - [www.ssa.gov](http://www.ssa.gov)
- 10. Decide whether to obtain guardianship - contact Catholic Charities (sliding scale) 210-293-1009 or private attorney or check with ARC-SA 210-490-4300 for a list of attorneys experienced with guardianship, wills and special needs trusts.
- 11. Register for the Selective Service at age 18 (Required for U.S. MALES regardless of disability) - [www.sss.gov](http://www.sss.gov)

- 12. Register to Vote, [www.sos.state.tx.us](http://www.sos.state.tx.us)
- 13. Attend Recreation Events in Community (i.e. Area Special Olympic Team, community dances, etc.)
- 14. If work is an option for consideration, explore employment options thru DARS, BMRA, Unicorn Center, Goodwill or through the Social Security "Work Incentives"
- 15. Participate in child's ARD and Transition Planning meetings. Ask Questions. Plan today for educational/vocational services with tomorrow in mind.

**Action Plan:**

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**Judson ISD Special Education Program**  
**Transition Planning Survey: Parent/Guardian**

**Student** \_\_\_\_\_

**Campus** \_\_\_\_\_

**Respondent's Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Date Sent** \_\_\_\_\_

**Date Received** \_\_\_\_\_

**Please answer the following questions. If necessary use the back of this page or attach additional pages.**

1. Does your child have any medical/health issues that restrict his/her participation in community activities? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. When do you plan on your child finishing high school? \_\_\_\_\_

3. What type of employment situation do you think would be best for your child? \_\_\_\_\_  
\_\_\_\_\_

4. What kind of support/help would be needed by your child to be employed after leaving high school?  
\_\_\_\_\_  
\_\_\_\_\_

5. Would your child want to go on to school or further training after leaving high school?

\_\_\_ Yes \_\_\_ No

If yes, what would be the best situation and what help (if any) would he/she need?

\_\_\_\_\_

6. Where do you expect your child to live immediately after leaving school? \_\_\_\_\_  
\_\_\_\_\_

7. Where would you want your child to be living five years after leaving high school? \_\_\_\_\_  
\_\_\_\_\_

8. What type of support/help (if any) would be needed for your child to live where he/she wants?

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9. After leaving school, what kinds of activities would your child want to do to have fun? \_\_\_\_\_

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10. What kind of support/help (if any) would be needed for your child to participate in social activities after leaving school? \_\_\_\_\_

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11. What non-school agencies or community services are you currently involved with? \_\_\_\_\_

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12. What non-school agencies or services do you feel would be of value in planning for your child's future after high school? \_\_\_\_\_

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13. Which of the following services do you anticipate your child will need after he/she leaves high school? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Employment Placement          | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Medical Services              | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Case Management               | <input type="checkbox"/> Guardianship   |
| <input type="checkbox"/> Other (Please describe) _____ |   |

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14. What are your greatest concerns about your child's program at the present time? \_\_\_\_\_

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15. What are your greatest concerns for your child after he/she leaves high school? \_\_\_\_\_

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**Judson ISD Special Education Program**  
**Transition Planning Survey: Student**

**Student** \_\_\_\_\_

**Campus** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please answer the following questions. If necessary use the back of this page or attach additional pages.**

1. When do you think you will finish high school? \_\_\_\_\_  
\_\_\_\_\_
  
2. Do you want to have a job when you finish high school? \_\_\_ Yes \_\_\_ No  
If yes, what kind of job? \_\_\_\_\_
  
3. What type of support might you need to find employment/job after high school? \_\_\_\_\_  
\_\_\_\_\_
  
4. Do you want to go on to school or further vocational training when you finish high school?  
\_\_\_ Yes \_\_\_ No  
If yes, where would you like to go for further school/training after high school? \_\_\_\_\_  
\_\_\_\_\_
  
5. What type of support might you need to go to school after high school? \_\_\_\_\_  
\_\_\_\_\_
  
6. Where do you want to live after you leave high school? \_\_\_\_\_  
\_\_\_\_\_
  
7. What kind of help would you need to live where you want after high school? \_\_\_\_\_  
\_\_\_\_\_
  
8. What do you do for fun? (What activities do you participate in outside of school?) \_\_\_\_\_  
\_\_\_\_\_

9. What type of activities would you like to participate in after high school? \_\_\_\_\_  
\_\_\_\_\_

10. How will you travel to and from your job and other community activities? \_\_\_\_\_  
\_\_\_\_\_

11. Do you take prescription medications or have any health and medical concerns?  
\_\_\_ Yes \_\_\_ No  
If yes, please describe the dosage or health and medical concerns. \_\_\_\_\_  
\_\_\_\_\_

12. How will you pay for health and medical care? \_\_\_\_\_

13. How much money will you need to live in the community after high school? \_\_\_\_\_  
\_\_\_\_\_

14. Where will you get the money needed to live in the community? \_\_\_\_\_  
\_\_\_\_\_

15. Are you getting vocational experience in real work settings? \_\_\_ Yes \_\_\_ No

16. Are you learning to be more independent? \_\_\_ Yes \_\_\_ No

17. Are you receiving some instruction in community-based, non-school settings? \_\_\_ Yes \_\_\_ No

18. Where would you like to work during the next school year to help you get the job you want?  
\_\_\_\_\_  
\_\_\_\_\_

19. What do you need to know to help you live more independently in the community? \_\_\_\_\_  
\_\_\_\_\_

20. What would you like to do this year to have fun and enjoy yourself more? \_\_\_\_\_  
\_\_\_\_\_