IEP: Transition Component

How to create transition goals that support success beyond high school
For students with Autism Spectrum Disorder, transitions may be difficult. Moving from one school to the next requires planning and preparation. The transition from high school to adulthood can be the most challenging one for students, so planning should begin early. An Individualized Education Program (IEP) is a written statement of the educational program specifically designed to meet the individual needs of a student with autism. Once students are 14, their IEPs will start addressing their goals beyond high school through secondary transition components, which were formerly called Individual Transition Plans.

**About the toolkit**

This toolkit is for families whose children have autism and receive – or expect to receive – special education services in a public school in North Carolina. Empowering parents to be their children’s best advocates is the guiding principle for this toolkit.

Teens with autism are also important members of their IEP teams, and parts of this toolkit are geared toward helping them set and achieve goals for their life after high school.

The toolkit is intended to help parents and teens:

- Set goals for the teen’s life after high school
- Assess the skills that are needed to achieve the goals
- Work with the school team to write a transition component that supports the goals

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What is an IEP and who is entitled to one?

An Individualized Education Program, or IEP, is the document that provides the direction for your child’s education as well as specifying the amount and type of services your child will receive. The federal Individuals with Disabilities Education Act (IDEA) requires that IEPs start addressing transition by the time students are 16 years old. In NC, it begins at 14. The purpose of this section of the IEP is to prepare students for life after high school. A student with a disability is eligible for transition services as part of the IEP as long as that student is enrolled in a public school, including charter schools.

Each student’s plan is highly individualized and should include planning for further education or training, employment, income, living arrangements, leisure time, and participation in the community as an adult. The transition section will include measurable goals and the transition services to meet them. Each student’s needs will be different and require different training and support.

Who writes the IEP?

The Individual Education Program is written in a meeting by a team of people, including key school staff and the child’s parents. Once the student is 14, they must also be invited to the meeting. For students who can share their desires for the future, this is an important opportunity to practice and develop their self-advocacy skills. Families also can invite others to IEP meetings. When the transition component will be discussed, you may want to take that into consideration as you invite participants.

- Parents
- Student
- Teachers
- Guidance counselor
- Transition coordinator
- Vocational counselor
- Job coach
- Employer
- Adult service representatives
- Anyone who knows the student well, such as friends or relatives
Preparing to Write

To write an effective transition plan, the team first must determine the student’s needs, strengths, preferences, and interests. Many of these should already be part of the student’s IEP, but until the student reached age 14, the focus was on school success. As the focus turns to the future, new challenges and opportunities arise.

Think big picture

As a parent, keep in mind that you know your child better than anyone. If he can communicate with you, listen to your child’s hopes and dreams. If not, put yourself in his place and imagine what your child might want his life to be like as an adult. What does your child most enjoy doing? Which skills does your child have and which skills remain to be learned? What supports does your child need? For worksheets that can help you and/or your child record these details, see Appendix A.

Observe your child’s skills and behaviors. Think about how these will affect his life in the community without you. Don’t expect the school to do it all. There are 168 hours in a week; 133 hours are spent at home and only 35 hours are spent in school. For a list of independent living skills that you can work on at home, see Appendix B.

Use assessments to learn more

For some students, further assessments may be necessary to establish:

- Current strengths/needs
- Interests
- Academic skills
- Physical skills
- Daily living skills
- Learning style
- Preferences for post-school education or training, employment, and independent living

The type of assessments needed will vary from individual to individual. The self-assessment results should help develop self-awareness and facilitate goal-setting. Discussion about the best type of assessment should occur during the IEP meeting or with the case manager who is assigned to the student. The school staff should know which ones they typically use and be able to recommend some for your particular student. These assessments should then be written into the IEP.
Writing the Transition Component

IEPs must include transition plans for students ages 14 to 22. The IEP must start including goals and services to reach them once the student turns 16. This will be done on the DEC 4a Secondary Transition form.

To write the most effective secondary transition component for your child, be sure that it includes the following:

- Measurable transition goals
- Transition services and activities to help the student reach the goals
- Who will provide each service/activity or ensure it is provided
- A timeline for reaching the goals

Transition services are defined by IDEA as “a coordinated set of activities for a student which promote successful movement from school to post-school activities.” The activities may include:

- Post-secondary education
- Vocational training
- Employment
- Adult services
- Living arrangements
- Community participation

Setting goals

Once the team understands the student’s big-picture goals and has completed assessments, measurable goals should be written to indicate what the student’s life after high school will look like in these areas:

- Education/training/continuing education
- Employment
- Independent living (if appropriate)
- Community participation

Aim for SMART goals: specific, measurable, attainable, relevant, and time-based. For example, “John will live on his own” is too vague. Better goals, which could lead to independent living: “Before graduating, John will learn how to use the regional bus system to go to a grocery store. He will learn how to plan and buy groceries to feed himself for one week.” This might need to be broken down even further, into “John will learn how to plan meals for one day, find items in the grocery store, and use his debit card to make a purchase.”

Based on these transition goals, the student will then focus on learning skills that will allow the student to be as independent as possible. The goals must be reviewed on an annual basis, but you can request more frequent meetings or review.
Choosing transition services

After establishing goals, the team should decide on services that will support the student's progress toward the goals. The major categories of transition services to be considered are:

**Instruction:** This relates to the academic requirements for the student's chosen course of study, employment skills training, career technical education, social skills, self-determination, driver's education, and/or college entrance preparation.

**Related Services:** This may include occupational/physical/speech therapy, counseling, special transportation, travel training, exploring Disability

**Support Services:** College or other professional supports may help to move the student toward post-school outcomes. The student's case manager should be able to explain options for post-secondary training, the requirements that the student must meet, and any accommodations that can be made to help the student meet them.

**Community Experiences:** This may include community work experiences, recreation/leisure activities, tours of post-secondary education settings, residential and community tours, volunteering and training in accessing community settings, joining a team/club/organization.

**Employment:** This may include career planning, job shadowing, guidance counseling, interest inventories, job placement, internship options, on-the-job training, on-campus jobs or supported employment.

**Daily Living Skills:** This may include self-care training, health and wellness training, independent living training and money management. (Students on a full academic course may not be able to fit these into their school day, so parents may have to work on these at home.)

**Functional Vocational Evaluation:** This may include situational work assessments, work samples, work adjustment programs, aptitude tests, and a series of job tryouts. When the student is 16, families can request that a representative from NC Vocational Rehabilitation attend IEP meetings.

Many different people and agencies may be involved to develop an effective plan. Broad networking and creative thinking may be necessary to achieve success. The role of the parents and student themselves in this process is vital.
ASNC’s Autism Resource Specialists are available to help families with school issues. Find the Autism Resource Specialist in your area here: www.autismsociety-nc.org/resourcespecialists.

ASNC offers webinars on many topics related to transition. Find all of them, including Preparing for College, here: www.autismsociety-nc.org/autism-webinars. The schedule for live workshops is here: www.autismsociety-nc.org/autism-workshops.

US Department of Education’s website on IDEA:
https://sites.ed.gov/idea/

NC Department of Public Instruction’s website on exceptional children:
http://ec.ncpublicschools.gov/


The Exceptional Children’s Assistance Center:

At Wrightslaw.com, you’ll find articles, law and regulations, tactics and strategies, tips, books, and free publications about IEPs.
About Me

My strengths/what I am good at: ________________________________________________

____________________________________________________________________________

What I am not so good at: ______________________________________________________

____________________________________________________________________________

What I like to do: ______________________________________________________________

____________________________________________________________________________

What I have learned about myself: ______________________________________________

____________________________________________________________________________

I learn best when: ______________________________________________________________

These are the ways I have already become independent: _____________________________

____________________________________________________________________________

Before I finish high school, I would like to learn: _________________________________

____________________________________________________________________________

My dream job would be: _________________________________________________________

____________________________________________________________________________

How I see my life in 10 years: __________________________________________________

____________________________________________________________________________
About My Child

Describe your child: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What are your child’s strengths? _______________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What are your child’s needs? _________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What would you like your child to learn before finishing high school? ________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What are your dreams for your child? ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Beyond the IEP: Learning at Home

If your child’s goal is to live independently, there are many skills needed that are not taught in school. You can start these lessons early and keep them going on a daily basis. Begin by observing your child. Remove yourself from the equation and consider how your child would function without you there. Think about his/her hygiene, grooming, and behavior. How would your child react in an emergency? Can he/she prepare a snack or meal for himself? Can your child choose appropriate clothing for the weather or event?

You can teach these skills to your child over time, and now is the best time to begin. Start with basic skills, such as making a meal – even a sandwich – and doing laundry. Use schedules, breaking tasks down into smaller pieces. The list below is not exhaustive, but it also might include skills that your child cannot attain right now. Our goal is to provide you with a starting point.

Ask yourself whether your child can...

**Grooming/dressing**
- Dress/undress self
- Choose appropriate attire for occasion, weather
- Comb/style hair

**Hygiene/health**
- Use private and public bathrooms
- Wash hands
- Bathe without assistance
- Manage menstrual care
- Shave
- Use deodorant
- Brush teeth
- Floss, use mouthwash
- Treat a cold or other minor illness
- Call a doctor
- Manage medication – taking it as directed and getting refills
- Manage medical appointments

**Planning/scheduling**
- Tell time
- Follow daily routines
- Show up on time, in the right location
- Adapt to change in routine

**Time management**
- Plan homework time
- Make time to study
- Plan time for chores
- Arrange transportation

**Social skills**
- Use a telephone
- Practice proper telephone etiquette
- Take, relay a phone message
- Arrange a leisure activity
- Give gifts
- Remember birthdays
- Send thank-you cards

**Household chores**
- Keep living spaces neat
- Make bed, change bed linens
- Do laundry
- Plan, purchase, and cook meals
- Operate appliances
- Arrange for trash collection and utilities
- Plunge a toilet

**Money/shopping**
- Handle money exchanges
- Make a budget
- Understand budgetary constraints
- Follow a list in a grocery store
- Ask for help in a store
- Make choices with cost comparison
- Withdraw cash from an ATM
- Write a check
- Pay bills on time

**Restaurants**
- Read menu (or alternative)
- Communicate with server
- Use manners
- Tally bill with tip

**Leisure time**
- Make travel arrangements
- Navigate an airport or train or bus station
- Use public transportation
- Navigate a new place when visiting

Perhaps most importantly, does your child know when and how to ask for help? Make sure he or she knows to call you when in doubt. Use the old clichés: “There’s no such thing as a stupid question,” and “It never hurts to ask!”
About Autism

Autism Spectrum Disorder (ASD) refers to a group of developmental disabilities – including classic autism, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and Asperger’s Syndrome – that affect a person’s ability to understand what they see, hear, and otherwise sense. It is a brain disorder that affects communication, social interaction, and behavior.

Individuals with ASD typically have difficulty understanding verbal and nonverbal communication and learning appropriate ways of relating to other people, objects, and events. No two people with ASD are the same. As its name implies, ASD is a spectrum disorder that affects individuals differently and with varying degrees of severity. Additionally, ASD is often found in combination with other disabilities.

It is estimated that up to 1 out of every 59 children has some form of ASD. Evidence suggests that the prevalence rate in North Carolina is even higher than the national average, at 1 in 57. More than 65,000 individuals live with ASD in North Carolina.

The overall incidence of ASD is consistent around the globe, but it is five times more prevalent in boys than in girls. ASD knows no racial, ethnic, or social boundaries, and family income, lifestyle, and educational levels do not affect the chance of occurrence. While ASD is typically diagnosed in children, it is a lifelong disorder that affects individuals of all ages.

What Causes ASD?

Although it was first identified in 1943, to this day no one knows exactly what causes ASD. However, research to discover its cause is ongoing. Many researchers believe that there is a strong genetic component. Some research suggests a physical problem that affects the parts of the brain that process language and information; other research points to an imbalance of brain chemicals. A variety of possible external or environmental triggers are also being studied. It is possible that ASD is caused by a combination of several factors.

Signs and Symptoms

People with ASD may have problems with social, behavioral, and communication skills. They might repeat behaviors and might not understand change in their daily activities. Many people with ASD also have different ways of learning, paying attention, or reacting to things.

A person with ASD might:

- have severe language deficits or differences
- talk about or show interest in a restricted range of topics
- not point at objects to show interest, such as an airplane flying over
- not look at objects when another person points at them
- have trouble relating to others or not have an interest in other people at all
- avoid eye contact and want to be alone
- have trouble understanding other people’s feelings or talking about their own feelings
- prefer not to be held or cuddled or might cuddle only when they want to
- appear to be unaware when other people talk to them but respond to other sounds
- repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- have trouble expressing their needs using typical words or motions
- laugh, cry, or show distress for no apparent reason
- repeat actions over and over again
- have trouble adapting when a routine changes
- have unusual reactions to the way things smell, taste, look, feel, or sound
- be oversensitive or under-sensitive to pain
- lose skills they once had (for instance, stop saying words they were once using)
The Autism Society of North Carolina improves the lives of individuals with autism, supports their families, and educates communities.

We respect and value the uniqueness of all individuals with autism; when provided the opportunity, each person can make a unique contribution to their family, community, and society. For almost 50 years, we have improved the lives of individuals with autism, supported their families, and educated communities across North Carolina.

**We improve lives:** Our services and programs are tailored to the unique needs of individuals with autism. We enable them to have healthy, safe, and fulfilling lives in their own communities. Our expertise helps individuals – many of whom have significant lifelong needs – be as independent as possible and achieve their goals and dreams.

**We support families:** Autism Resource Specialists are often the first people parents talk to after their child is diagnosed. We help families connect with resources, keep their children safe, find services, and resolve school issues. We also provide guidance on lifelong issues including employment, residential options, and planning for children’s needs beyond parents’ lives.

**We educate communities:** Our training for professionals such as doctors and teachers has increased the quality of care for individuals with autism. We advocate for the needs of the autism community with state policy-makers. Our education efforts have increased public awareness of autism and helped NC have a lower average age of diagnosis than the U.S.