

# IEP transition plan

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_ Graduation date: \_\_\_\_\_

## Student's strengths, preferences, and interests

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## Measurable postsecondary goals

**Postsecondary education/vocational training:**

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**Jobs and employment:**

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**Independent living (if needed):**

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# IEP transition plan

Supporting IEP goals and services		
Supporting IEP goal	Transition activities/services	Person/agency involved