

Texas Education Agency
 Division of Special Education Program Reporting
State Performance Plan Indicator 13: Secondary Transition
Data Collection Checklist for Measurement of Indicator 13

This is a working copy only.

NOTE: Retain this form for your records.

Data are submitted online through the SPP13 application on TEAL at <https://tealprod.tea.state.tx.us/>

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ESC Region

Reviewer's Name _____	(Optional – For District Use Only)
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6-Digit County/District #

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3-Digit Campus #

_____ District Name

Data entry agents will enter the student's 10-digit TSDS Unique ID in order to do a PET Match.

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10-digit TSDS Unique ID

Upon a successful PET Match, the following information will automatically populate:

Student's First Name	Student's Last Name										
Student's Date of Birth	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="font-size: 24px; padding: 0 10px;">/</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="font-size: 24px; padding: 0 10px;">/</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						

_____ Grade Level

_____ Gender

_____ Ethnicity (PEIMS)

_____ Primary Disability (PEIMS)

2-Digit Instructional Setting (PEIMS)

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Folder Review Date

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Indicator 13 *Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable post-secondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those post-secondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B)).*

Please note: Indicator 13 refers to students with disabilities who are at least age 16 between July 1, 2019 and June 30, 2020, and students up through age 21 (age 22 if appropriate). This sample will include students who are age 15 but will turn age 16 by June 30, 2020.

Directions: **As each student’s folder/IEP is reviewed, check the appropriate response for each item: Yes, No, or NA (Not Applicable)**

(See corresponding *Indicator 13 Student Folder/IEP Review Chart* for discussion/notes, guiding questions, and sources of information.)

CHECK THE APPROPRIATE RESPONSE	YES	NO	NA
1. Are there appropriate measurable postsecondary goals in the areas of training, education, employment, and, where appropriate, independent living skills?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the postsecondary goals updated annually?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are there transition services in the IEP that will reasonably enable the student to meet his or her postsecondary goals?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do the transition services include courses of study that will reasonably enable the student to meet his or her postsecondary goals?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is (are) there annual IEP goal(s) related to the student’s transition services needs?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there evidence that the student was invited to the Admission, Review, and Dismissal Committee (ARD) meeting where transition services were discussed?	<input type="checkbox"/>	<input type="checkbox"/>	
8. If appropriate, is there evidence that a representative of any participating agency was invited to the Admission, Review, and Dismissal Committee (ARD) meeting with the prior consent of the parent or student who has reached the age of majority? Note: NA is an acceptable response only for the following reasons. Check one that applies. <input type="checkbox"/> It is not appropriate to invite an agency. <input type="checkbox"/> There is no documentation that the parent’s or adult student’s consent was given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the IEP meet the requirements of Indicator 13 (circle one) YES (all YESs or NA for each item 1 – 8 on the checklist) OR NO (one or more NOs checked)	<input type="checkbox"/>	<input type="checkbox"/>	