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NLSEC Secondary Transition IEP Meeting

Name:

Date:

Employment	Postsecondary Education & Training
Student/Family Vision for after high school:	Student/Family Vision for after high school:
Personal Strengths & Assets -current observable skills/abilities related to employment vision that student demonstrates (acad, funct...):	Personal Strengths & Assets -current observable skills/abilities related to postsecondary education/training vision that student demonstrates (acad, funct...):
Skills to build on (current and future goals/objectives/needs):	Skills to build on (current and future goals/objectives/needs):
Who/What will help the student? How? -Programming/Supports (courses, specialized instruction, WBL, outside agency involvement, important people in their life and community, family, friends, acquaintances...):	Who/What will help the student? How?-Programming/Supports (courses, specialized instruction, WBL, outside agency involvement, important people in their life and community, family, friends, acquaintances ...):
Other Items: <i>(Anticipated Graduation date, ESY, AT, Special Transportation, accommodations/modifications, etc...)</i>	

These 3 subcategories are all part of the "Independent Living" category of the post secondary measurable goals.

Home Living Skills	Recreation & Leisure	Community Participation
<p>Student Vision on where they will live, type of housing, level of independence?</p>	<p>Student Vision for after high school. Student Interests, Preferences, Likes, Skills, Abilities...</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Transportation/Accessibility to the Community <input type="checkbox"/> Self Determination Skills (Ability in Making Decisions Independently) <ul style="list-style-type: none"> <input type="checkbox"/> How can student have control of their life to the greatest extent <input type="checkbox"/> Supportive Decision Making/Guardianship <input type="checkbox"/> Documentation for work (State ID Card/SS Card) <input type="checkbox"/> Safety and Security <ul style="list-style-type: none"> <input type="checkbox"/> Financial <input type="checkbox"/> emotional <input type="checkbox"/> physical <input type="checkbox"/> Self-Advocacy Skills <input type="checkbox"/> Social Relationships <ul style="list-style-type: none"> <input type="checkbox"/> Healthy friendships <input type="checkbox"/> Adult relationships <input type="checkbox"/> Healthcare <ul style="list-style-type: none"> <input type="checkbox"/> Lifestyle <input type="checkbox"/> Managing healthcare supports
<p>Personal Strengths & Assets -current observable skills/abilities demonstrated by student related to their future vision (acad, funct...):</p>		
<p>Skills to build on (current and future goals/objectives/needs):</p>	<p>Skills to build on (current and future goals/objectives/needs):</p>	
<p>Who/What will help the student? How? Programming/Supports (courses, specialized instruction, outside agency involvement, important people in their life and community, family, friends, acquaintances...):</p>	<p>Who/What will help the student? How? Programming/Supports (courses, specialized instruction, outside agency involvement, important people in their life and community, family, friends, acquaintances...):</p>	