

# SOUTH DAKOTA Indicator 13 Checklist Feedback Form

(Based on the NSTTAC Indicator 13 Checklist: Form B, revised 7/09)

District/School \_\_\_\_\_

Case Manager \_\_\_\_\_

Student Name \_\_\_\_\_

Student SIMS # \_\_\_\_\_

Student Age/DOB/ Grade \_\_\_\_/\_\_\_\_/\_\_\_\_

Qualifying Disability \_\_\_\_\_

IEP Date \_\_\_\_\_

## Postsecondary Goals

### Questions:

**Employment**  
(Required)

**Education or  
Training**  
(Required)

**Independent  
Living**  
(Where Appropriate)

<b>1. Is there evidence that the measurable post-secondary goals were based on an age-appropriate transition assessment? (MPSG areas addressed on PLAAFP)</b>	Empl Y N	Ed/Train Y N	IL Y N
Transition Assessment Required change to be in compliance ( <i>ARSD 24:05:27:01.03</i> ):			
Transition Assessment Suggestions/Comments:			
<b>2. Is there an appropriate measurable postsecondary goal or goals in this area?</b>	Empl Y N	Ed/Train Y N	IL Y N NA
Post-Secondary Goal Required change to be in compliance ( <i>ARSD 24:05:27:01.03</i> ):			
Post-Secondary Goal Suggestions/Comments:			
<b>3. Are the postsecondary goals updated annually? (Are they becoming more specific as student moves to exiting)</b>	Y N NA		
Updated Annually Required change to be in compliance ( <i>ARSD 24:05:27:01.03</i> ):			
Updated Annually Suggestions/Comments:			
<b>4. Do the transition services include courses of study that will reasonably enable the student to meet his/ her postsecondary goals?</b>	Empl Y N	Ed/Train Y N	IL Y N NA
Course of Study Required change to be in compliance ( <i>ARSD 24:05:27:01.03</i> ):			
Course of Study Suggestions/Comments:			

5. Are there transition <b>services/activities</b> in the IEP that will reason-ably enable the student to meet his or her postsecondary goals?	Empl Y N	Ed/Train Y N	IL Y N NA
Transition Services/Activities Required change to be in compliance ( <b>ARSD 24:05:27:13.02</b> ):			
Transition Services/Activities Suggestions/Comments:			
6. Is there an <b>annual goal</b> (Are there annual goals) related to the student's transition service needs ?	Empl Y N	Ed/Train Y N	IL Y N NA
Annual Goal Required change to be in compliance ( <b>ARSD 24:05:27:01.03</b> ):			
Annual Goal Suggestions/Comments:			
7. Is there evidence that the <b>student was invited</b> to the IEP team meeting where transition services were discussed (meeting notice)?	Y N		
Student Invited Required change to be in compliance ( <b>24:05:25:16.01</b> ) :			
Student Invited Suggestions/Comments:			
8. If appropriate, is there evidence that a representative of any <b>participating agency</b> was invited to the IEP team meeting with prior consent of the parent or student who has reached the age of majority (consent form)? (If team did not invite, document on PPWN if consider or rejected.)	Empl Y N NA	Ed/Train Y N NA	IL Y N NA
Participating Agency Required change to be in compliance ( <b>24:05:25:16.01</b> )			
Participating Agency Suggestions/Comments:			
Consent to Invite Date:	Meeting Notice Date:	Meeting Date:	
<b>Does the IEP meet all of the requirements of Indicator 13? (Circle one)</b> <b>YES</b> (all Ys or NAs for each item [1-8] are circled) -or- <b>NO</b> (one or more Ns circled)			

Comments: \_\_\_\_\_

\_\_\_\_\_