

**NEW MEXICO TRANSITION SPECIALIST CADRE
TRI-ANNUAL DATA COLLECTION TOOL FOR
NMTRANSITION.ORG**

These reports are due January 15 and June 15 2004

Transition Specialist Reporting: _____

District/School/Agency: _____

Date: _____(mo/day/yr)

For the period of: _____(mo/day/yr) to _____(mo/day/yr)

A. # of all special education students (including gifted students) ages 14-21 in your district/school/agency: _____

B. # of all special education students (including gifted students) ages 14-21 who had IEP meetings during this reporting period: _____

DIRECTIONS: Please enter data for all that apply; skip those that do not apply for this reporting period. **NOTE:** These data are for district/school use and core team review and will be shared publicly *only as part of a state composite*.

GOAL AREAS	OUTPUTS OR OUTCOMES EVIDENCE (specific, measurable, meaningful, short- and long-term)
1. EVIDENCE OF STUDENT SELF-DETERMINATION	# of all students included in B above who led their own IEP meetings: _____
	# of all students included in B above who co-led their own IEP meetings with an adult: _____
	# of all students included in B above who actively contributed during their IEP planning: _____ How and how many? <ul style="list-style-type: none"> ➤ Stated long or short term goals: _____# of students ➤ Identified post-school vision: _____# of students ➤ Stated other life interests: _____# of students ➤ Summarized IEP at end: _____# of students ➤ Other (describe) _____: _____# of students
	# of all students included in B above who pursued career or life interests through educational planning in some other way: _____ How and how many? <ul style="list-style-type: none"> ➤ Selected course(s) related to interest: _____# of students ➤ Chose related service learning experience: _____# of students ➤ Chose related CBI experience: _____# of students

	<ul style="list-style-type: none"> ➤ Chose related work-based lrng experience: __# of students ➤ Researched training/work options in area of interest: _____ # of students ➤ Other (describe)_____ : __# of students
	<p>Other evidence of self-determination (be sure to report numbers in all categories and describe the type of evidence/activity)</p>
<p>2. IMPLEMENTATION OF O’LEARY’S 5-STEP IEP PROCESS WITH ALL STUDENTS BY AGE 14 (or earlier if appropriate)</p>	<p># of students in B above who stated their post-school vision in one or more life areas (education, employment, community participation, recreation/leisure, independent living) within the IEP: ____</p> <p># of students in B above whose IEPs include Present Levels of Performance that address all major domains related to their post-school visions (listed above): ____</p> <p># of students in B above whose IEPs include a Course of Study (statement of transition service needs) related to their post-school visions: ____</p> <p># of students in B above whose IEPs include a 3-5 year adult life plan (statement of needed transition services) related to students’ long-term vision and that addressed all 5 required areas: ____</p> <p># of students in B above whose IEPs include a course of study, adult life plan, and annual instructional goals that move them toward their transition goals (coordinated set of activities): ____</p>
<p>3. INTERAGENCY LINKAGES</p>	<p># of students in B above for whom relevant external agencies were invited to IEP meetings:</p> <ul style="list-style-type: none"> ➤ Division of Vocational Rehabilitation: _____ (#) ➤ Postsecondary education programs: _____ (#) ➤ Department of Labor programs: _____ (#) ➤ SSI Work Incentive programs: _____ (#) ➤ DD Waiver applications: _____ (#) ➤ Mental health agencies: _____ (#)

	<ul style="list-style-type: none"> ➤ Probation/parole officers: _____ (#) ➤ WIA youth provider/one-stop center staff: _____ (#) ➤ Residential support providers: _____ (#) ➤ Vocational support providers: _____ (#) ➤ Other (describe)_____ : _____ (#) ➤ Other (describe)_____ : _____ (#)
	<p># of invitees from external agencies who attended IEP meetings of those students:</p> <ul style="list-style-type: none"> ➤ Division of Vocational Rehabilitation: _____ (#) ➤ Postsecondary education programs: _____ (#) ➤ Department of Labor programs: _____ (#) ➤ SSI Work Incentive programs: _____ (#) ➤ DD Waiver applications: _____ (#) ➤ Mental health agencies: _____ (#) ➤ Probation/parole officers: _____ (#) ➤ WIA youth provider/one-stop center staff: _____ (#) ➤ Residential support providers: _____ (#) ➤ Vocational support providers: _____ (#) ➤ Other (describe)_____ : _____ (#) ➤ Other (describe)_____ : _____ (#)
	<p># of relevant external agencies invited to collaborate in other ways:</p> <ul style="list-style-type: none"> ➤ Division of Vocational Rehabilitation: _____ (#) ➤ Postsecondary education programs: _____ (#) ➤ Department of Labor programs: _____ (#) ➤ SSI Work Incentive programs: _____ (#) ➤ DD Waiver applications: _____ (#) ➤ Mental health agencies: _____ (#) ➤ Probation/parole officers: _____ (#)

	<ul style="list-style-type: none"> ➤ WIA youth provider/one-stop center staff: ___ (#) ➤ Residential support providers: ___ (#) ➤ Vocational support providers: ___ (#) ➤ Other (describe) _____: ___ (#) ➤ Other (describe) _____: ___ (#)
	<p># of students in #B above who received specific agency services:</p> <ul style="list-style-type: none"> ➤ Division of Vocational Rehabilitation: ___ (#) ➤ Postsecondary education programs: ___ (#) ➤ Department of Labor programs: ___ (#) ➤ SSI Work Incentive programs: ___ (#) ➤ DD Waiver applications: ___ (#) ➤ Mental health agencies: ___ (#) ➤ Probation/parole officers: ___ (#) ➤ WIA youth provider/one-stop center staff: ___ (#) ➤ Residential support providers: ___ (#) ➤ Vocational support providers: ___ (#) ➤ Other (describe) _____: ___ (#) ➤ Other (describe) _____: ___ (#)
	<p>For postsecondary school linkages, # of students who did:</p> <ul style="list-style-type: none"> ➤ College placement exam/ACT/SAT/ASVAB: ___ ➤ College application: ___ ➤ Portfolio/Special services referral: ___ ➤ Financial aid application: ___ ➤ Concurrent enrollment resource program: ___

	<p># of members in local transition team: ____ School-based ____ Community-based ____ Regional ____</p> <p>Goals & accomplishments of local transition team: <u>GOALS</u> <u>ACCOMPLISHMENTS</u></p> <ul style="list-style-type: none"> ➤ ➤ ➤ ➤ ➤
<p>4. FAMILY INVOLVEMENT IN TRANSITION</p>	<p># of families who participate in IEP decision-making, transition program planning, implementation, and evaluation: ____</p> <p>Describe activities that promoted family involvement and empowerment, when they occurred, and numbers who participated: <u>ACTIVITIES</u> <u>DATE(S) #</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p>Identify parent training activities – describe what, numbers of participants, and when: <u>ACTIVITIES</u> <u>DATE(S) #</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**4. FOR END-OF-YEAR
REPORT ONLY -**

OUTCOMES DATA

of students in special education (including gifted students) who began as seniors this academic year: _____

of those seniors who earned a diploma by end of the academic year:

- Standard pathway: _____ (#)
- Career readiness pathway: _____ (#)
- Ability pathway: _____ (#)

of those seniors who dropped out: _____ - **OR** -
of those in this senior class who dropped out at any time: _____

of those seniors who have made linkages with:

- Division of Vocational Rehabilitation: _____ (#)
- Postsecondary education programs: _____ (#)
- Department of Labor programs: _____ (#)
- Social Security programs: _____ (#)
- Mental health agencies: _____ (#)
- Probation/parole officers: _____ (#)
- WIA youth provider/one-stop center staff: _____ (#)
- Residential support providers: _____ (#)
- Vocational support providers: _____ (#)
- Other (describe) _____: _____ (#)

Total # of last year's exiters from special education: _____

of *last year's exiters* who attended postsecondary education/training: _____

of last year's exiters who have worked in career of choice:

of last year's exiters who received adult agency services:

of last year's exiters who are living at maximum level of independence: _____

of last year's exiters who have participated in community activities: _____

Please give examples:

