

Section 6

Transition Planning and Age of Majority

TRANSITION PLANNING TIMELINE

1. Age 14

- Beginning at age 14, the student is invited to the IEP meeting. He/she may participate fully in the meeting, plan ahead of time with a professional who will represent him/her, or come at the summary of the meeting. The degree of participation will depend on the student's abilities, but it is important to have the student's voice in the meeting.
- The Transition Planning Form (TPF) must be completed on an annual basis, thereafter.
- The student's vision and a statement of needed transition services must also be included annually.
- The educational, like skills, wellness, and other goals should be in alignment with the student's vision.

2. Age 16-18

- When a student will need adult services, a Chapter 688 referral must be completed. Effective Summer 2016, this will be completed online.
- For students who will be accepting a high school diploma for whom Massachusetts Rehabilitation Commission services are a possibility, referral must take place by age 16.
- For students continuing in special education through age 22, referral must be completed prior to the student's 18th birthday. Following eligibility, the adult service representative is then invited to Team meetings.

3. Age 17

- The student's family will receive forms for transfer of rights at the age of majority so that they can investigate any need for guardianship.

4. Age 18

- Age of majority takes effect. The student must make educational decisions unless he/she has selected to share decision-making with parents or guardians.
- When the student retains decision-making authority, the student must sign all educational documents.

5. Age 21

- An Individual Transition Plan (ITP) meeting will be coordinated by the Chapter 688 liaison for the human service agency. The liaison is responsible for writing the ITP and submitting it to the Transitional Advisory Committee, which must approve, modify, or reject it. This decision can be appealed by the student and parent.

6. Age 22

- Special education services end as the transition from school to adult services is completed.

TRANSITION PLANNING FORM (TPF)

Massachusetts requires that beginning when the eligible student is 14 for the IEP developed that year, the school district must plan for the student's need for transition services and the school district must document this discussion annually. This form is to be maintained with the IEP and revisited each year.

Student:

SASID:

Age:

Date form completed:

Anticipated date of graduation:

Current IEP dates from: _____ to: _____

Anticipated date of 688 referral, if applicable:

POST-SECONDARY VISION

Write the student's **POST-SECONDARY VISION** in the box below. In collaboration with the family, consider the student's preferences and interests, and the desired outcomes for post-secondary education/ training, employment, and adult living. This section should correspond with the vision statement on IEP 1.

DISABILITY RELATED NEEDS

Write the skills (disability related) that require IEP goals and/or related services in the box below. Consider all skills (disability related) necessary for the student to achieve his/her post-secondary vision.

Student: _____ Date form completed: _____

ACTION PLAN

The **ACTION PLAN** should outline how the student can develop self-determination skills and be prepared both academically and functionally to transition to post-school activities in order to achieve his/her post-secondary vision. Indicate how Special Education/General Education, family members, adult service providers or others in the community will help the student develop the necessary skills. **Disability related needs must also be stated on page 1.**

Develop the **ACTION PLAN** needed to achieve the **POST-SECONDARY VISION** by outlining the skills the student needs to develop and the courses, training, and activities in which the student will participate. Include information on who will help the student implement specific steps listed below in the Action Plan.

- **Instruction: Is there a course of study or specific courses needed that will help the student reach his/her post-secondary vision?** *Consider the learning opportunities or skills that the student may need. This could include specific general education courses and/or special education instruction, career and technical education, and/or preparation for post-secondary outcomes such as vocational training or community college.*
- **Employment: Are there employment opportunities and/or specific skills that will help the student reach his/her post-secondary vision?** *Consider options such as part-time employment, supported job placement, service learning projects, participation in work experience program, job shadowing, internships, practice in resume writing/ interviewing skills, the use of a one-stop resource center and job specific skills in areas such as customer service, technology, etc.*
- **Community Experiences/ Post School Adult Living: Are there certain types of community and/or adult living experiences that will help the student reach his/her post-secondary vision?** *Consider options such as participation in community based experiences, learning how to independently access community resources, building social relationships, managing money, understanding health care needs, utilizing transportation options and organizational skills.*

School District Name: Ipswich Public Schools
School District Address: 1 Lord Square, Ipswich, MA 01938
School District Contact:

Student: _____ Grade: _____ DOB: _____ LASID#: _____ SASID#: _____

Notice of Transfer of Parental Rights

Date:

The state of Massachusetts transfers rights to individuals at the age of majority. Therefore, all parental rights will transfer to the student and he/she becomes responsible to make all decisions regarding future educational services, unless a legal guardian or conservator has been appointed. If a guardian or conservator has been appointed, please notify the *Special Education Liaison*. Parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming. If you have questions, you may contact *Michelle Garvey* at .

cc: Evaluation Team Leader
Student
Parent/Guardian

The Ipswich Public Schools does not discriminate on the basis of race, color, gender, gender identity, religion, national origin, sexual orientation, age or disability in admission to, access to, employment in or treatment in its programs and activities.

State Regulations 28.08(7), Ch. 231, Sec. 3A.

Federal Requirements.300.347(c),300.517

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School District Contact:

Student: _____ Grade: ____ DOB: ____ LASID#: ____ SASID#: _____

Notice of Transfer of Parental Rights

Transfer of Parental Rights at Age of Majority and Student Participation and Consent at the Age of Majority

1. One year prior to the student reaching age 18, the district informs the student of his/her right at age 18 to make all decisions in relation to special education programs and services.
2. Upon reaching the age of 18, the school district implements procedures to obtain consent from the student to continue the student's special education program.
3. The district continues to send the parent written notices and information but the parent will no longer have decision-making authority, except as provided below:
 - a. If the parent has sought and received guardianship from a court of competent jurisdiction, then the parent retains full decision-making authority. The parent does not have authority to override any decision or lack of decision made by the student who has reached the age of majority unless the parent has sought or received guardianship or other legal authority from a court of competent jurisdiction.
 - b. The student, upon reaching the age of majority and in the absence of any court actions to the contrary, may choose to delegate continued decision-making to his/her parent, or other willing adult. Such choice is made in the presence of at least one representative of the school district and one other witness, and is documented in written form and maintained in the student record.
 - c. The student, upon reaching the age of majority and in the absence of any court actions to the contrary, may choose to share decision-making with his/her parent (or other willing adult), including allowing the parent to co-sign the IEP. Such choice is made in the presence of the Team and is documented in written form. The student's choice prevails at any time that a disagreement occurs between the adult student and the parent or other adult with whom the student has shared decision-making.

cc: Evaluation Team Leader
Student
Parent/Guardian

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School District Contact:

Student: _____ Grade: _____ DOB: _____ ASID#: _____ SASID#: _____

Age of Majority Notice

From:

Date:

Re: Student Rights Upon Reaching Age 18 (Age of Majority)

As you approach your 18th birthday, your rights and responsibilities under Massachusetts and federal special education laws will be changing, and we are writing to inform you of those changes. Please read this letter carefully. I will be happy to sit with you and explain anything you might want to have clarified.

When you reach your 18th birthday, you will be considered an adult under special education law, and you will be asked to make a choice. You may decide to make all decisions yourself, without the consent of your parents. You may choose to share decision-making with your parent(s) or guardian, or any other adult of your choice, including allowing your parents to co-sign your IEP. Or you may decide to continue to have your parents make education decisions for you. We will ask you to convey your choice to the TEAM in writing at the time of your birthday.

There is one exception: if your parent(s) or guardians have sought and received guardianship from a court, they will continue to have authority. If they do not obtain guardianship, they cannot override any decision you make after your 18th birthday.

These important responsibilities reflect your status as an adult, and we know that you will make these decisions wisely. Please discuss with your parents, and be assured we will be happy to help you with this decision in any way that we can.

A copy of the *Parent's Notice of Procedural Safeguards* is included with this memo. All the rights described in the brochure will transfer to you upon your eighteenth birthday. Please take the time to review this brochure and discuss the contents with your parent/guardian. If you have any questions or concerns about this letter or the contents of the enclosed Parent's Notice of Procedural Safeguards please contact *Michelle Garvey, Special Education Liaison* at .

cc: Parent/Guardian
Student file

Enclosure: 2 copies of Age of Majority Notice
Notice of Transfer of Parental Rights Form
Parent's Notice of Procedural Safeguards

AGE OF MAJORITY NOTICE RECEIPT
Please sign & return one copy of this letter within ten days

(Student's signature)

(Date)

Parent/Guardian Signature

(Date)

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School District Contact:

Student: _____ Grade: ____ DOB: _____ LASID#: _____ SASID#: _____

Age of Consent Decision Form

I understand my rights under Massachusetts special education regulations regarding the Age of Consent, as explained in the letter attached. I have made the following decision.

1. I wish to retain decision-making authority myself.

2. I wish to share decision-making authority with:

a. My parent(s)

b. Another adult (name and role):

3. I wish to delegate decision making authority to:

a. My parent(s)

b. Another adult (name and role):

(Student's signature)

(Date)

(TEAM member signature)

(Date)

(Witness signature)

(Date)

Copy to: Student file
 Student
 Other named above

Enc: Parent's Notice of Procedural Safeguards