

SUMMARY OF PERFORMANCE

Part 1: Student Information: Complete and up-to-date information is crucial

Student Name: _____ DOB: _____ Exit Date: _____ Date completed: _____		
Primary disability: _____ Secondary disability: _____		
Permanent Address: _____		
(Street)	(Town, state)	(Zip code)
Permanent Phone: (____) _____ Cell #: (____) _____ Email: _____		
Name person completing this form: _____ Phone #: (____) _____		
To obtain a copy of transcripts, contact the school guidance office at: _____		
To obtain copies of Special Education documentation, contact the Office of Special Education at: _____		

Part 2: Summary of Performance: Based on assessment and tied to the student's post high school goals.

<u>Academic Achievement & Cognitive Performance</u>	Strength	Limitation	For each applicable content area, include a brief description of the Current Level of Performance (strengths, needs, grade level, assessment summary)
Reading	<input type="checkbox"/>	<input type="checkbox"/>	
Math	<input type="checkbox"/>	<input type="checkbox"/>	
Written Language	<input type="checkbox"/>	<input type="checkbox"/>	
Learning styles & needs	<input type="checkbox"/>	<input type="checkbox"/>	
General Ability and Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	
Attention and Executive Functioning	<input type="checkbox"/>	<input type="checkbox"/>	
Currently Utilized and Anticipated Effective Accommodations, modifications, Assistive Technology and Supports			

Part 2: Summary of Performance: Based on assessment and tied to the student's posts high school goals.

<u>Functional Performance</u>	Strength	Limitation	If marked strength or limitation, describe functional capacities and how they may relate to post high school performance in work, community, or educational settings.
Social, Interpersonal, Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Self Care, Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Access/ Motor & Mobility Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Self: Determination, Advocacy, Direction	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	
Career & Vocational	<input type="checkbox"/>	<input type="checkbox"/>	
Work Tolerance & Work Skills	<input type="checkbox"/>	<input type="checkbox"/>	
Recreation & Leisure Skills	<input type="checkbox"/>	<input type="checkbox"/>	

Additional important considerations that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance)

Part 3: Recommendations to Assist the Student in Achieving Measurable Post high school Goals:

This section presents recommendations to the student, family and others utilizing this form for accommodations, adaptive devices, assistive services, compensatory strategies, and/or support services, to enhance access and participation in post high school goals. (These recommendations in no way obligate any post high school agency to such recommendations.)

Recommendations to Assist the Student in Achieving Measurable Post high school Goals		
Post high school Area	Recommendations to Assist the Student in Meeting Post High School Goals	Agency(s) Contact Information (name and/or Title, Phone Number, Address, or Email)
Employment		
Education		
Training		
Independent Living (where appropriate):		

Part 4: Associated Relevant Documentation Summary: List student documentation attached to and provided with this summary (important documentation might include: most recent Triennial IEP, Assessment documentation, psychological reports, aptitude results, interest inventories... any documentation related to eligibility or associated with attainment of post high school goals).

I have received a copy of the Summary of Performance and have reviewed it's contents with the primary Special Education Provider.

Parent Signature

Date

Student Signature

Date

I have been notified that follow up contact will be made after one year of exiting public education to review progress toward stated post high school goals primarily regarding employment and post high school training or education.

Parent Signature

Date

Student Signature

Date

Part 5: Student Input (Recommended/Supplemental Information):

Review these questions with the student prior to completion of the Summary of performance. (questions may be read to the student and written by teacher as accommodation if necessary.)

A. How does your disability affect your schoolwork and school activities such as:

Grades	relationships	assignment	projects	communication	time on tests	mobility	extra-curricular activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe):

B. What supports or accommodations have helped you to succeed in school?

adaptive equipment	extra time tests/assignments	audio books	teacher notes	alternative assignments	study hall
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe):

C. What supports or accommodations do you feel you will need to continue for you to achieve your goals after high school?

D. If you believe that you will need services, supports, programs, or accommodations: Have you and your family made a connection with the agencies (other than your current school) that can help you with these needs?

Will you need help to obtain any needed services, supports, programs, or accommodations after you leave high school?

E. What strengths and needs should future employers or teachers know about you as you enter the college or work environment?

Student Signature: _____

Date: _____

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