

# SUMMARY OF PERFORMANCE

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

Student Name:	DOB:	Exit Date:	Date Form Completed:
Primary disability: _____		Secondary disability: _____	
Address: Street _____		Town/City _____	Zip Code _____
Phone: _____	Cell : _____	Email: _____	
Name of 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 age-appropriate abilities, assessment, and the student's post high school goals.

<u>Academic Achievement &amp; Cognitive Performance</u>	Area of Strength	Area of Limitation	For each applicable content area, include a brief description of the Current Level of Performance (strengths, needs, grade level, assessment summary)
<b>Reading</b> (Basic decoding, comprehension, fluency, speed, and vocabulary)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Math</b> (Calculation skills, problem solving)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Written Language</b> (composition, expression, spelling, grammar, and semantics)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Learning Styles &amp; Needs</b> (class participation, note taking, keyboarding, organization, self management, time management, study skills, test-taking skills)			
<b>General Ability and Problem Solving</b> (reasoning/processing)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Attention and Executive Functioning</b> (energy level, sustained attention, memory functions, processing speed, impulse control, activity level)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Currently utilized and effective accommodations, modifications, assistive technology and supports</b>			

**Part 2: Summary of Performance:** Based on age appropriate abilities, assessment, and the student's post high school goals.

<b>Functional Performance</b>	<b>Area of Strength</b>	<b>Area of Limitation</b>	<b>If marked strength or limitation, describe functional capacities and how they may relate to post high school performance in work, community, or educational settings.</b>
<b>Social, Interpersonal, Behavior or Skills</b> (Interactions with others, emotional or behavioral issues related to learning and/or attention)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Independent Living Skills</b> (Self-care, leisure skills, personal safety, personal hygiene, transportation, banking, budgeting)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Environmental Access/ Motor &amp; Mobility Skills</b> (Assistive technology or other special accommodations)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Self Determination &amp; Advocacy</b> (Ability to identify and articulate learning strengths and needs, ability to ask for assistance with learning and independence)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Self Direction</b> (Ability to follow & understand directions (written or verbal), complete tasks, work independently, ask for assistance when necessary, use feedback to improve or correct work performance, initiate work activity)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communication</b> (Speech/language, augmentative communication)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Career &amp; Vocational</b> (Career interests, career exploration opportunities, job-training opportunities)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work Tolerance &amp; Work Skills</b> (Capacity to meet the physical and psychological demands of work and to learn and perform job tasks)	<input type="checkbox"/>	<input type="checkbox"/>	

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

**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 do not obligate any post high school agency to such recommendations.)**

<b>Recommendations to Assist the Student in Achieving Measurable Post high school Goals</b>		
<b>Post High School Goal</b>	<b>Recommendations to Assist the Student in Meeting Post High School Goals</b>	<b>Agency(s) Contact Information : name and/or Title, Phone Number, Address, or Email</b> <small>(include both agencies currently contacted and those that may need contacted)</small>
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 its contents with the primary Special Education Provider.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 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 or in which area(s) does your disability affect your schoolwork and school activities such as: (check all that apply)

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"/>

Please describe how these areas are affected (both positive and negative):

B. What supports or accommodations have helped you to succeed in school? (check all that apply)

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 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: \_\_\_\_\_