



## Summary of Performance

### Part 1: Student Information

Student Name:		Date of Birth:		Year of Graduation:	
Address:				Telephone Number:	
Primary Language:		Current School:			
Area of Disability:		Date of Most Recent IEP:		Date of Eligibility determination/redetermination:	
Date of Last Psychological Evaluation: (Attach Psychological evaluation)		Course of Study:			

**Please check off and include a copy of the assessment reports that identify the student's disability that will assist in postsecondary planning:**

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Response to intervention | <input type="checkbox"/> Medical/Physical     | <input type="checkbox"/> Reading Assessment   | <input type="checkbox"/> GHSGT Results      |
| <input type="checkbox"/> EOCT Results         | <input type="checkbox"/> Adaptive Behavior        | <input type="checkbox"/> Behavioral Analysis  | <input type="checkbox"/> CBVI Resume          | <input type="checkbox"/> Self Determination |
| <input type="checkbox"/> Transcripts          | <input type="checkbox"/> Career Assessment        | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Transition Checklist |   |
| <input type="checkbox"/> OT/PT Plan           | <input type="checkbox"/> IEP/Transition Plan      | <input type="checkbox"/> Other: _____         |   |   |

**Part 2: Student's Desired Postsecondary Goals (Consideration should be given to education, employment, independent living and community access)**

1.
2.
3.

**Part 3: Present Levels of Performance Summary**

<b>ACADEMIC AREAS</b>	<b>PRESENT LEVEL OF PERFORMANCE</b> (Strengths, Needs)	<b>DATE</b>	<b>ACCOMMODATIONS</b> (Include accommodations, modifications, assistive technology or other supports used in high school)	<b>ACCOMMODATIONS RATIONALE</b> (Explanation of impact of disability and the need for listed accommodations)
<b>Reading</b> (Basic Reading, Decoding, Comprehension, Reading Speed)				
<b>Math</b> (Calculation, Reasoning , Speed)				
<b>Written Language</b> (Written Expression, Skills in Composition, Speed)				
<b>Learning Skills</b> (Class participation, Note taking, Keyboarding, Organization, Test taking, Study skills)				
<b>FUNCTIONAL AREAS</b>				
<b>Social Skills and Behavior</b> (Interactions with teachers/peers, Level of initiation in asking for assistance, Confidence and Persistence as a learner)				
<b>Communication</b> (Oral expression, Listening comprehension, Pragmatics)				
<b>Independent Living Skills</b> (Self-care, Leisure skills, Banking)				
<b>Environmental Access</b> (Assistive Tech, Mobility, Transportation)				

ACADEMIC AREAS	PRESENT LEVEL OF PERFORMANCE (Strengths, Needs)	DATE	ACCOMMODATIONS (Include accommodations, modifications, assistive technology or other supports used in high school)	ACCOMMODATIONS RATIONALE (Explanation of impact of disability and the need for listed accommodations)
<b>Self Determination/Self Advocacy Skills</b> ( Ability to explain disability and ask for assistance)				
<b>Career/Vocational</b> (Career interests, Job training)				
<b>Medical/Family Concerns</b>				

**Part 4: Recommendations to Assist Student in Meeting Postsecondary Outcomes**

What are the recommended accommodations, modifications, assistive technology, or general areas of need?

If none are needed, must explain why not.

<b>Higher Education or Career Technical Education:</b>	
<b>Employment:</b>	
<b>Independent Living:</b>	
<b>Community Participation:</b>	

**Part 5: Student Perspective**

A. How does your disability affect your schoolwork and school activities? (Think about grades, relationships, assignments, tests, communication, extra-curricular activities.)

B. In the past, what supports have been tried by teachers to assist you in being successful in school?

C. Which of these accommodations and supports worked best for you? Why did they work?

D. What strengths should others know about you as you begin college or work?

E. What has been most difficult for you in school?

**Part 6: Post-Secondary Community Agency Contacts, Team Members and Supports**

(Contact Information for adult services for daily living skills, independent living, financial assistance, employment, transportation, etc.)

<b>AGENCY</b> Community or local resource the student is likely to contact	<b>CONTACT PERSON</b> Name and title of person student should contact	<b>SERVICES PROVIDED</b> Services the agency might provide after graduation	<b>CONTACT INFORMATION</b> Phone number, address, email
<b>High School Team</b>			
<b>Health and Family Services</b>			
<b>Employment Agency</b>			
<b>Independent Living Agency</b>			
<b>Institute of Higher Education</b>			
<b>Disability Services Provider</b>			
<b>Other (specify):</b>			

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

Date: \_\_\_\_\_