

Summary of Performance

_____ School District

Student: _____	Date: _____
Date of Graduation/Exit _____	Disability Area(s) _____
Exit Reason: <input type="checkbox"/> diploma <input type="checkbox"/> max. age <input type="checkbox"/> certificate of attendance <input type="checkbox"/> alternate diploma <input type="checkbox"/> drop-out <input type="checkbox"/> other (specify)	

The summary of Performance is a two part document that provides current and relevant information about the student by describing the student’s academic achievement and functional performance. The first part is the Present Level of Performance, which is based on age-appropriate assessments. The Recommendations to Assist the Student in Meeting Postsecondary Goals identifies needs, agencies and supports needed to assist the student in meeting their desired postsecondary goals.

PRESENT LEVEL OF PERFORMANCE

Present Level of Performance – Academic Achievement				Review Date:
Subject	Grade Equivalent/Level	Strengths	Needs	Accommodations, Modifications, Supports or AT used in H.S.
Reading				
Math				
Writing				
Learning Style				
Other				

Present Level of Performance – Functional Performance			Review Date:
Functional Area	Strengths	Needs	Other Pertinent Information
General Ability and			

Problem Solving			
Attention and Organization			
Communication			
Social Skills and Behavior			
Independent Living Skills			
Self-Advocacy Skills			
Career/Vocational			
Additional Functional Performance Areas			

**RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING
POSTSECONDARY GOALS**

Postsecondary Training Goal(s) – Specific vocational or career field, independent living skill training, vocational training program, apprenticeship, OJT, military, Jobs, Corps, etc.			
GOAL(S): Identify the Student’s Specific Post-secondary Training Goal(s)	WHO: Needed Individuals, Agencies, Services, Supports or Programs	WHAT: Needed Assistance, Supports, Programs and/or Accommodations and AT	WHEN: Timeframe for Implementing Service(s)

Postsecondary Education Goal(s) – 2 year college, 4 year college or university, technical college, military, etc.

GOAL(S): Identify the Student's Specific Post-secondary Education Goal(s)	WHO: Needed Individuals, Agencies, Services, Supports or Programs	WHAT: Needed Assistance, Supports, Programs and/or Accommodations and AT	WHEN: Timeframe for Implementing Service(s)

Postsecondary Employment Goal(s) – paid (competitive, supported, sheltered), unpaid, non-employment, etc.

GOAL(S): Identify the Student's Specific Post-secondary Employment Goal(s)	WHO: Needed Individuals, Agencies, Services, Supports or Programs	WHAT: Needed Assistance, Supports, Programs and/or Accommodations and AT	WHEN: Timeframe for Implementing Service(s)

Postsecondary Independent Living Goal(s), where appropriate – Adult daily living, independent living, financial, transportation, etc.			
GOAL(S): Identify the Student’s Specific Post-secondary Independent Living Goal(s)	WHO: Needed Individuals, Agencies, Services, Supports or Programs	WHAT: Needed Assistance, Supports, Programs and/or Accommodations and AT	WHEN: Timeframe for Implementing Service(s)

Additional information about the student’s strengths, interests, preferences, or needs to make a successful transition to postsecondary services, e.g.:

POSTSECONDARY COMMUNITY AGENCY CONTACTS AND SUPPORTS – Contact Information – for Adult daily living, independent living, financial assistance, employment, transportation, etc.

Agency – community or local resource the student is likely to contact	Person(s) to Contact – name and or title of person student could contact	Services Provided – services the agency might provide after graduation	Contact Information – phone number, address, e-mail
High School (Former)			
Health and Family Services			
Employment Agency			
Independent Living Agency			
Institute of Higher Education			
Other (specify):			
Other (specify):			
Other (specify):			