

SUMMARY OF PERFORMANCE

Date of Report:

Student Name:	Date of Birth:	Graduation/Exit Year:
Address:	Telephone Number:	Guardian (if applicable):
Email Address:	Primary Language:	School/Program (at time of exit):
Resident District Number and Home School Name:		

SECTION I: Summary of Academic Achievement and Functional Performance

When completing this section, summarize the student's current academic achievement and functional performance in each area as it is related to post secondary goals. Include the use of assistive technology, accommodations, and other supplementary aids/services when describing current performance levels.

Reading	
Math	
Written Language	
Functional Performance (e.g. general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)	

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SECTION II: Student Perspective

This section should be completed by the student or with the assistance of another adult.

1. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?

2. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra curricular activities)?

3. Complete the table below by identifying the accommodations and supports that have been tried by teachers or by you to help you succeed in school (pacing, extra time, visual supports, adaptive equipment, physical accommodations, technology, etc.).

Accommodations/Supports	Effective	Not Effective

Information was completed by: Student Parent Other: _____

↑ Independently
↑ With adult assistance

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SECTION III: Recommendations to assist the student in meeting Post Secondary Outcomes

When completing this section, identify recommendations and contact information for each transition planning area.

Area	Recommendations	Contact information (Name and/or title, phone number, address and/or e-mail of person of agency)
Post Secondary Education / Training		
Employment		
Living Arrangements		
Community Participation		

Additional Comments/information:

Document compiled by: _____ Contact Information: _____
Signature/Title Date