

# Summary of Performance

Name of Student: \_\_\_\_\_

Date of Report: \_\_\_\_\_

## SECTION II: Student Perspective

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

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Information was completed by:  Student  Parent  Other:  
 Independently  
 With adult assistance