

Summary of Performance

Name of Student: _____

Date of Report: _____

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 or agency)
Post Secondary Education/ Training		
Employment		
Living Arrangements		
Community Participation		

Additional Comments/Information:

Document compiled by: _____

Contact Information: _____

Name/Title