

Summary of Performance
 Required for all Students Exiting Secondary School

Background Information	
Date Completed: _____	Student's Name: _____
Year of Graduation/Exit (<i>Includes Withdrawals, Early Graduation, Drop-outs</i>): _____	
Birthdate: _____	Address: _____ Phone: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Street City & State Zip Code </div>
Primary language or communication mode: _____. If English is <u>not</u> the student's primary language, what services were provided as an <i>English language learner</i> : _____ _____	
Has a legal guardian been appointed for the student? (<i>check yes or no</i>) _____ Yes _____ (No)	
Name of legal guardian(s), if applicable: _____	

Section 1
My Post-School Goals for ONE YEAR After High School

Goals for Housing/ Living Situation	My Goal:
	School's Recommendations to Achieve Goal:
	Accommodations and/or Supports That Will be Needed to Achieve Goal:
Learning Goals	My Goal:
	School's Recommendations to Achieve Goal:
	Accommodations and/or Supports That Will be Needed to Achieve Goal:
Work-Related Goals	My Goal:
	School's Recommendations to Achieve Goal:
	Accommodations and/or Supports That Will be Needed to Achieve Goal:

Section 2
Perceptions of My Disability

My Challenges	My disability areas are:
Impact of My Disability	On school work such as assignments, projects, time to finish tests, & grades:
	On school activities:
	On my mobility:
	On extra-curricular activities:
Supports	What works best (aids, adaptive equipment, and/or other services)?
	What does NOT work at all:
Accommodations that Worked for Me in High School	Settings (distraction-free, special lighting, adaptive furniture, etc.):
	Timing/Scheduling (flexible schedule, several sessions, frequent breaks, etc.):
	Response (assistive technology, mark in booklet, Braille, colored overlays, scribe, word processor, taped responses, etc.):
	Presentation (large print, Braille, assistive devices, magnifier, interpreter, calculator, repeat directions, etc.):

Section 3
School's Perspective of My Disability Areas

Educator (TOR) Provides Statement(s) Regarding the Impact of Disability Areas on Academic Achievement & Functional Performance <i>(e.g. general ability & problem solving, attention & organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational abilities, and employment)</i>	Area of Functioning	Disability Impact
	General Ability & Problem Solving	
	Academic Skills	<i>Include Graduation Status (Diploma, Certificate of Completion, GPA, etc.</i>
	Learning Skills	
	Communication	
	Mobility	
	Social Skills & Behavior	<i>Include BIP Info, Social Skills Mastery, etc.:</i>
	Independent Living Skills	
	Self-Determination Skills	
	Career/Vocational Preparation	<i>Include Agency Referrals and Status:</i>
Educator Provided Summary of Successful Accommodations & Supports Utilized in High School	Accommodation Type <i>(List all Below)</i>	Description of Support <i>(Describe How the Student Uses Each Accommodation)</i>

Team Participants

Name	Title	Name	Title
	Student		Parent(s)/Guardian
	TOR		Administrator
	General Ed Teacher		