

MY SUMMARY OF PERFORMANCE

Background Information	Date Completed: _____
Name: _____	Date of Birth: _____
Year of Graduation/Exit: _____	
Address: _____ Telephone Number: _____	
(Street)	(City, State) (Zip code)
Primary Language or communication mode: _____ If English is not the young adult's primary language, what services were provided for this young adult as an English language learner?	

Section 1	
My Post-school Goals for ONE YEAR AFTER HIGH SCHOOL	
Living	My Goal:
	School's Recommendation To Achieve Goal:
	Accommodations and/or Supports That May Assist in Achieving Goal:
Learning	My Goal:
	School's Recommendation To Achieve Goal:
	Accommodations and/or Supports That May Assist in Achieving Goal:
Working	My Goal:
	School's Recommendation To Achieve Goal:
	Accommodations and/or Supports That May Assist in Achieving Goal:

My Summary of Performance

Section 2 My Perceptions of My Disability	
Describing My Challenges:	My disability is:
My Disability's Impact:	On my school work such as assignments, projects, time on tests, grades:
	On school activities:
	On my mobility:
	On extra-curricular activities:
Supports	What works best, such as aids, adaptive equipment, or other services:
	What does not work best:
Accommodations That Worked for Me in High School	Setting: (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, dictate words to scribe, word processor, tape responses, etc.)
	Presentation: (large print, Braille, assistive devices, magnifier, read or sign items, calculator, re-read directions, etc.)

My Summary of Performance

Section 3 The School's Perspective of My Disability		
Educator Provided Disability Impact Summary on Academic Achievement and Functional Performance (e.g., general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)	Area of Functioning	Disability Impact
	General Ability and Problem Solving	
	Academics	
	Learning Skills	
	Communications	
	Social Skills and Behavior	
	Mobility	
	Independent Living Skills	
	Self-Determination Skills	
	Career/Vocational Preparation	
Educator Provided Summary of Successful Accommodations and Supports used in High School	Accommodation Type	Description of Support

My Summary of Performance

Section 4

School Produced Summary of My Academic Achievement and Functional Performance

Attach written copy of most recent assessment reports. A report does not have to be provided for each area. Only attach those reports used to document disability. NOTE: Postsecondary education programs rely upon assessments based on adult norms.

Documentation of My Disability:	Type of Documentation	Assessment Name	Dates Administered
	Psychological/Cognitive		
	Neuropsychological		
	Medical/Physical		
	Communication		
Other Assessments	Type of Documentation	Assessment Name	Dates Administered
	Achievement/Academic		
	Adaptive Behavior		
	Social/Interpersonal		
	Communication/Speech/Language		
	Response to Intervention		
	Career/Vocational/Transition		
	Community-based assessments		
	Self-determination assessments		
	Assistive technology		
	Classroom observations		
	Independent Living		
	Other:		

Team Participant Signatures:			
Name	Title	Name	Title
	Student		Parent(s)
	Special Education Teacher		Administrative Representative
	Regular Classroom Teacher		Other Service Provider