**MY SUMMARY OF PERFORMANCE**

**Background Information Date Completed:**

Name:

Date of Birth:

Year of Graduation/Exit:

Address:

(Street) (City, State) (Zip code)

Telephone Number:

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:** |

|  |  |
| --- | --- |
| **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, Brailler, 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.)** |

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |