

**FLORIDA DEPARTMENT OF EDUCATION
BUREAU OF EXCEPTIONAL EDUCATION AND STUDENT SERVICES
SUMMARY OF PERFORMANCE TEMPLATE**

Part 1: Background Information

Student Name: _____ **Date of Birth:** _____ **Year of Graduation/Exit:** _____

Address: _____
(Street) (Town, state) (Zip code)

Telephone Number: _____ **Primary Language:** _____

Current School: _____ **City:** _____

Student's primary exceptionalty: _____

Other exceptionalty(ies), if applicable: _____

When was the student determined eligible for exceptional student education? _____

If English is not the student's primary language, what services were provided for this student as an English language learner?

Date of most recent IEP or most recent 504 plan: _____ **Date this Summary was completed:** _____

This form was completed by: Name: _____ **Title:** _____

School: _____ **E-mail:** _____ **Telephone Number:** _____

Please check and include the most recent copy of assessment reports you are attaching which clearly identify the student's disability or functional limitations and/or will assist in postsecondary planning:

- | | |
|--|--|
| <input type="checkbox"/> Psychological/cognitive | <input type="checkbox"/> Response to Intervention (RTI) |
| <input type="checkbox"/> Neuropsychological | <input type="checkbox"/> Language proficiency assessments |
| <input type="checkbox"/> Medical/physical | <input type="checkbox"/> Reading assessments |
| <input type="checkbox"/> Achievement/academics | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Adaptive behavior | <input type="checkbox"/> Behavioral analysis |
| <input type="checkbox"/> Social/interpersonal skills | <input type="checkbox"/> Classroom observations (or in other settings) |
| <input type="checkbox"/> Community-based assessment | <input type="checkbox"/> Career/vocational or transition assessment |
| <input type="checkbox"/> Self-determination | <input type="checkbox"/> Assistive technology |
| <input type="checkbox"/> Informal assessment: _____ | |
| <input type="checkbox"/> Informal assessment: _____ | |
| <input type="checkbox"/> Other: _____ | |

Part 2 – Student's Postsecondary Goal(s)

- 1.

- 2.

- 3.

Part 3 – Student Input (Highly Recommended)

SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

- A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?

- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?

- C. Which of these accommodations and supports has worked best for you? Why do you think they worked best?

- D. Which of these accommodations and supports have not worked? Why do you think they did not work?

- E. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?

- F. What areas do you think you need to improve upon (communication, self-advocacy, study skills, etc.)?

Part 4 – Summary of Performance (Complete all that are relevant to the student.)

ACADEMIC CONTENT AREA	Present Level of Performance (grade level, standard scores, strengths, needs)	<u>Essential</u> accommodations or modifications, and/or assistive technology utilized in high school, and why needed.
Reading (Basic reading/decoding; reading comprehension; reading speed)		
Math (Calculation skills, algebraic problem solving; quantitative reasoning)		
Written Language (written expression, spelling)		
Learning Skills (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)		

FUNCTIONAL AREAS	Present Level of Performance (strengths and needs)	<u>Essential</u> accommodations or modifications and/or assistive technology utilized in high school and why needed.
Social Skills and Behavior (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention)		
Independent Living Skills (Self-care, leisure skills, personal safety, transportation, banking, budgeting)		
Environmental Access/Mobility (assistive technology, mobility, transportation)		

FUNCTIONAL AREAS (continued)	Present Level of Performance (strengths and needs)	Essential accommodations or modifications and/or assistive technology utilized in high school and why needed
Self-Determination Self-Advocacy Skills (Ability to identify and articulate postsecondary goals, learning strengths and needs; independence and ability to ask for assistance with learning)		
Career-Vocational/Transition/ Employment (Career interests, career exploration, job training, employment experiences and supports)		
Additional considerations that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance)		

Part 5 – Recommendations to assist the student in meeting postsecondary goals

Suggestions for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services to enhance access in the following **post-high school** environments (only complete those relevant to the student's postsecondary goals).

Education and Training	
Employment	
Independent living	

I have reviewed and agree with the content of this Summary of Performance.

Student Signature: _____ Date: _____

This template was adapted from the template developed by the National Transition Documentation Summit © 2005 including representation from the Association on Higher Education and Disability (AHEAD), the Council for Exceptional Children's Division on Career Development and Transition (DCDT), and Division on Learning Disabilities (DLD), the National Joint Committee on Learning Disabilities (NJCLD), the Learning Disability Association (LDA) and the National Center on Learning Disabilities (NCLD). It was based on the initial work of Stan Shaw, Carol Kochhar-Bryant, Margo Izzo, Ken Benedict, and David Parker. It reflects the contributions and suggestions of numerous stakeholders in professional organizations, school districts and universities particularly the Connecticut Interagency Transition Task Force. It is available to be freely copied or adapted for educational purposes.