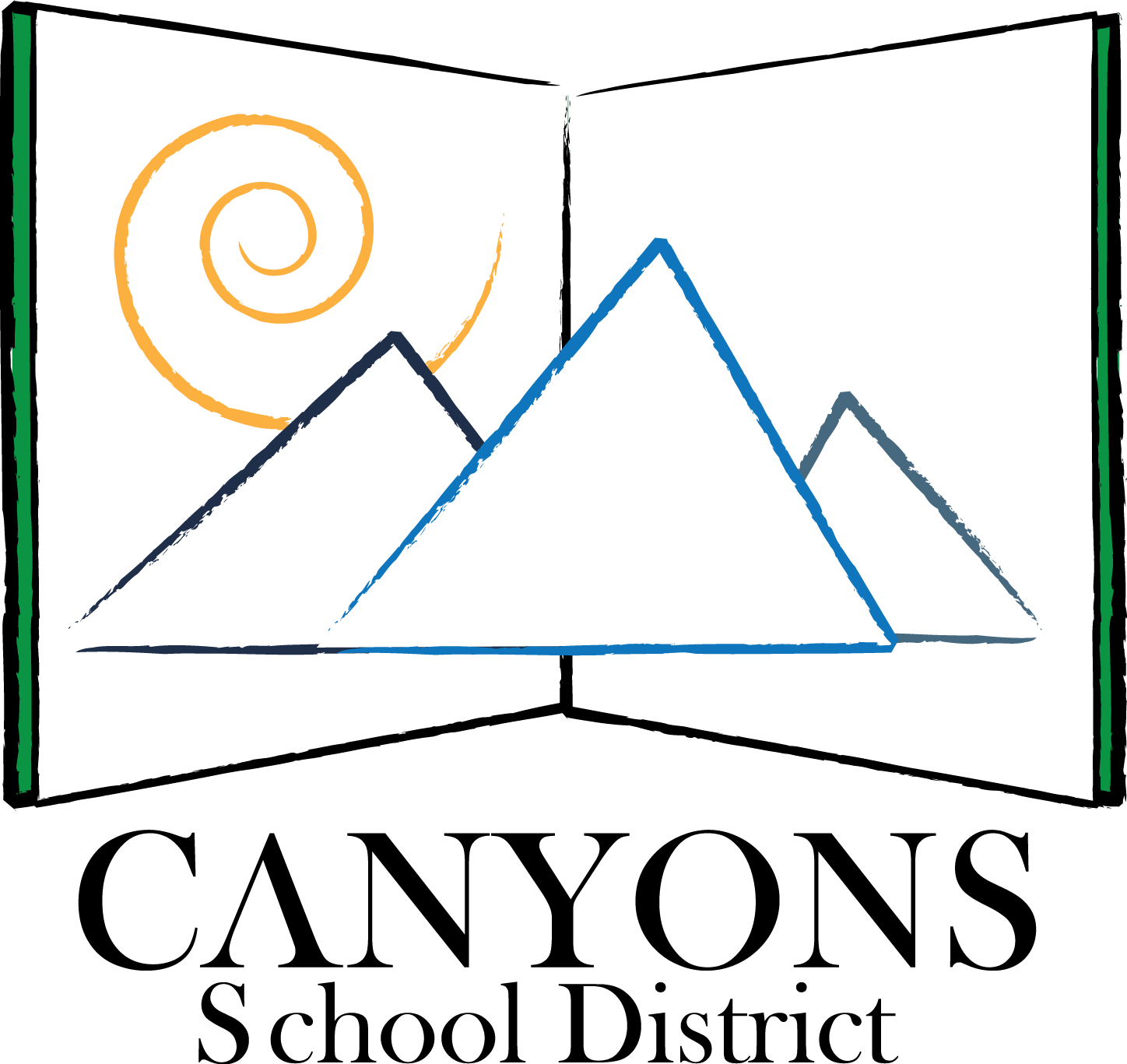
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**Summary of Performance**

**Person completing this form**

Name: ›

Email address:

Title:        
Date SOP completed:

**Part 1: Background Information**

Students name:       Date of Birth:

Student’s primary language:       Date of most recent IEP (see attached IEP):

Current school:       Year of graduation/exit:        
Address of school:       Passed all parts of the Utah Basic Skills Test?

City, State & Zip:       Type of diploma:

**Part 2: Summary of Performance (complete all that are relevant to the student)**

|  |  |  |
| --- | --- | --- |
| **Academic content area** | **Present level of performance.**  Grade Level, standard scores, strengths, needs, etc. You may attach the IEP if this includes these. | **Essential accommodations**  Assistive technology, or modifications (stated in the IEP) utilized in high school and why it’s needed. |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Cognitive areas** | **Present level of performance.**  Grade Level, standard scores, strengths, needs, etc. You may attach a current standardized test if completed within the year. | **Essential accommodations**  Modifications, and/or assistive technology (stated in the IEP) utilized in high school and why it’s needed. |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Functional Areas** | **Present level of performance.**  Strengths and needs. You may attach a current IEP | **Essential accommodations**  Assistive technology, or modifications (stated in the IEP) utilized in high school and why it’s needed. |
|  |  |  |

Please check and include the most recent copy of assessment reports, within three years, that you are attaching that diagnose and clearly identify the student’s disability or functional limitations that will assist in post secondary planning. Documentation citing a DSM-IV diagnosis or ICD is helpful.

Psychological/cognitive

Medical/physical or Health Care Plan

Achievements/academics

Adaptive behavior and/or community-based

assessment

Unofficial transcript

Reading assessment

Communication

Career/vocational or transition assessment

Graduation appendage and portfolio

Other:

**Part 3: Student’s post-secondary goals and school’s recommendation:**

If this is stated in the transition plan of the IEP, just include the recommendations.

|  |
| --- |
|  |

**Part 4: Student input: Summary of performance – student perspective.**

1. How does your disability affect your schoolwork and school activities – such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities, etc.?
2. In the past what supports have you or your teachers tried, to help you succeed in school – aids, adaptive equipment, physical accommodations and other services?
3. Which of these accommodations and supports have worked best for you?
4. Which of these accommodations have not worked for you?
5. What strengths and needs should professionals know about you as you enter post-secondary education or the work environment?

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Part 5: One-year follow-up (for students who are graduating, aging out or dropping out):**

Students may be contacted on year after exiting, by a contract agency, to determine their status in regards to employment, post-secondary school and/or other outcomes.

Permanent phone number to contact student or person knowing student status.

Name:       relationship:       phone:

11/10