

## MY SUMMARY OF PERFORMANCE

<b>Background Information</b>	<b>Date Completed:</b> _____
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?	
_____	
_____	

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

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<b>Section 2 My Perceptions of My Disability</b>	
<b>Describing My Challenges:</b>	<b>My disability is:</b>
<b>My Disability's Impact:</b>	<b>On my school work such as assignments, projects, time on tests, grades:</b>
	<b>On school activities:</b>
	<b>On my mobility:</b>
	<b>On extra-curricular activities:</b>
<b>Supports</b>	<b>What works best, such as aids, adaptive equipment, or other services:</b>
	<b>What does not work best:</b>
<b>Accommodations That Worked for Me in High School</b>	<b>Setting: (distraction-free, special lighting, adaptive furniture, etc.)</b>
	<b>Timing/Scheduling: (flexible schedule, several sessions, frequent breaks, etc.)</b>
	<b>Response: (assistive technology, mark in booklet, Braille, colored overlays, dictate words to scribe, word processor, tape responses, etc.)</b>
	<b>Presentation: (large print, Braille, assistive devices, magnifier, read or sign items, calculator, re-read directions, etc.)</b>

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

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### 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.*

<b>Documentation of My Disability:</b>	<b>Type of Documentation</b>	<b>Assessment Name</b>	<b>Dates Administered</b>
	Psychological/Cognitive		
	Neuropsychological		
	Medical/Physical		
	Communication		
<b>Other Assessments</b>	<b>Type of Documentation</b>	<b>Assessment Name</b>	<b>Dates Administered</b>
	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:		

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