

# Summary of Performance (SoP)

School District \_\_\_\_\_

High School \_\_\_\_\_

The Summary of Performance (SoP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004. The information about the student's current level of functioning is intended to help postsecondary institutions and adult service agencies consider accommodations for access. **These recommendations should not imply that any individual who qualified for special education in high school will automatically qualify for services in postsecondary education or the adult services system. These eligibility decisions will continue to be made on a case-by-case basis.**

The Summary of Performance is most useful when linked with the IEP process and the student has the opportunity to actively participate in the development of this document.

## Background Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation/Exit: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student's Primary Disability: \_\_\_\_\_

Secondary Disability (if applicable): \_\_\_\_\_

*(Official diagnosis of disability is necessary for accessing services under the Americans with Disabilities Act – see Assessment Reports below)*

## Part 1: Assessment Reports

Check and **attach** the most recent copy of assessment reports that clearly identifies the student's disability or functional limitations and that will assist in postsecondary planning:

- |                                                       |                                                             |                                                           |
|-------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Achievement/Academics        | <input type="checkbox"/> Assistive Technology               | <input type="checkbox"/> Behavior Intervention Plan (BIP) |
| <input type="checkbox"/> Behavior Accommodations      | <input type="checkbox"/> Career/Vocational Assessment       | <input type="checkbox"/> Classroom Observations           |
| <input type="checkbox"/> Communication                | <input type="checkbox"/> Community-Based Assessment         | <input type="checkbox"/> Language/Proficiency             |
| <input type="checkbox"/> Medical/Physical/Health Plan | <input type="checkbox"/> Neuropsychological Assessment      | <input type="checkbox"/> Psychological/Cognitive          |
| <input type="checkbox"/> Reading Assessment           | <input type="checkbox"/> Response to Intervention (Rtl)     | <input type="checkbox"/> Self Determination               |
| <input type="checkbox"/> Social/Interpersonal Skills  | <input type="checkbox"/> Functional Behavior Analysis (FBA) |                                                           |

**Information Assessments (specify):** \_\_\_\_\_

**Other (specify):** \_\_\_\_\_

## Summary of Performance (SoP)

### Part 2: Summary of Academic Achievement

Next to each specified area, complete the following:

1. Description of the student's present level of academic performance
2. Statement of how the student's disability impacts those areas
3. Accommodations, modifications, assistive technology and supports that were effective in high school to assist the student in achieving progress.

| <b>Academic Achievement</b>                                                                                                                                                               | <b>Description of Performance</b>                                                                                                                                                                                           | <b>Statement of IMPACT</b>                                                                                                                                | <b>Accommodations, Assistive Technology &amp; Supports</b>                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>English/Language Arts</b> <ul style="list-style-type: none"> <li>• Reading</li> <li>• Writing</li> <li>• Speaking &amp; Listening</li> <li>• Language</li> </ul>                       | <ul style="list-style-type: none"> <li>• Provide a grade level or appropriate test score (check with postsecondary environment for guidance).</li> <li>• Provide a description of skills in each area addressed.</li> </ul> | <ul style="list-style-type: none"> <li>• Does the student's disability impact functioning in this area?</li> <li>• If so, describe the impact.</li> </ul> | <ul style="list-style-type: none"> <li>• What accommodations, assistive technology and supports have been used by the student and proven effective?</li> <li>• What is the impact of each on skills in the academic area(s)?</li> </ul> |
| <b>Math</b> <ul style="list-style-type: none"> <li>• Number &amp; Quantity</li> <li>• Algebra</li> <li>• Functions</li> <li>• Geometry</li> <li>• Statistics &amp; Probability</li> </ul> |                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                                                                                                                                                         |
| <b>Did the student receive accommodations on standardized tests (WKCE, ACT, MAPS, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                                                                                                                                                         |
| <b>If yes, describe the accommodation provided:</b>                                                                                                                                       |                                                                                                                                                                                                                             |                                                                                                                                                           |                                                                                                                                                                                                                                         |

#### DEFINITIONS

- **Accommodation:** A support or service that is provided to help a student fully access the general education curriculum or subject matter. An accommodation *does not change the content* of what is being taught or the expectation that the student meet a performance standard applied for all students.
- **Modification:** A change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities. Instruction can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.
- **Assistive Technology (AT):** Any device that helps a student with a disability function in a given environment. AT can include simple devices such as laminated pictures for communication, removable highlighter tapes, Velcro and other "low-tech" devices.
- **Supports:** Connections or coordination with outside agencies, personnel or other services or supports used in high school.

## Summary of Performance (SoP)

### Part 3: Summary of Functional Performance:

Consider each area listed, and check the boxes next to the area that are addressed in the description of performance. Then, for each area, provide the following:

1. Description of the student's present level of functional performance.
2. Statement of how the student's disability impacts those areas.
3. Accommodations, modifications, assistive technology and supports that were effective in high school to assist the student in achieving progress.

| <b>Functional Performance</b><br><ul style="list-style-type: none"> <li>• Check the box next to each area you plan to address.</li> </ul>               | <b>Description of Performance</b><br><ul style="list-style-type: none"> <li>• Provide a description of skills in each area addressed.</li> </ul> | <b>Statement of IMPACT</b><br><ul style="list-style-type: none"> <li>• Does the student's disability impact functioning in this area?</li> <li>• If so, describe the impact.</li> </ul> | <b>Accommodations, Assistive Technology &amp; Supports*</b><br><ul style="list-style-type: none"> <li>• What accommodations, assistive technology and supports have been used by the student and proven effective?</li> <li>• What is the impact of each on skills?</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> General Ability and Problem-Solving                                                                                            |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Attention and Organization:                                                                                                    |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Learning Skills                                                                                                                |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Communication                                                                                                                  |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Social Skills and Behavior                                                                                                     |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Independent Living                                                                                                             |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Environmental Access and Mobility                                                                                              |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Self-Determination/Self-Advocacy                                                                                               |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Career-Vocational/Transition/<br>Employment                                                                                    |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Time Management/Study Skills                                                                                                   |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Additional Considerations:<br><i>(may assist in making decisions about disability determination and needed accommodations)</i> |                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                |

## Summary of Performance (SoP)

### Part 4: Recommendations to Assist the Student in Meeting Measurable Postsecondary Goal(s)

This section presents recommendations for accommodations, assistive technology, compensatory strategies, and/or support services to enhance access and participation in postsecondary goals.

| Postsecondary Goal Areas                      | Measurable Postsecondary Goal | Recommended Assistive Technology/Accommodations <ul style="list-style-type: none"> <li>• Of the accommodations, assistive technology, compensatory strategies, and/or support services listed in Parts 2 &amp; 3, which are recommended to follow the student to the postsecondary environment(s)?</li> </ul> | Contact Information/Resources** <ul style="list-style-type: none"> <li>• Agency Name</li> <li>• Address, e-mail of person or agency</li> <li>• Name/Title of Case Manager</li> <li>• Phone number</li> </ul> |
|-----------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Education/Training                            |                               |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |
| Employment                                    |                               |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |
| Independent Living<br><i>(if appropriate)</i> |                               |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |

## Summary of Performance (SoP)

**Part 5: Questions for Students to Address** (Recommended: student involvement in the Summary of Performance process makes the SoP a more meaningful document for students as they move to postsecondary environments)

### 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. What assistive technology do you use? How and when is it used?
  
- D. Which of these accommodations, assistive technologies, and supports *has worked BEST* for you? Why?
  
- E. Which of these accommodations, assistive technologies, and supports *have NOT worked?* Why not?
  
- F. What are your strengths and needs as you leave high school and begin further learning, working and living?