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| |  |  |  | | --- | --- | --- | | **Student Information** | | | | Address: | School District: | High School: | | Date of Birth: | Cell Phone: | Home Phone: | | Year of Graduation/Exit: | Primary Disability: | Secondary Disability: | | Strengths: | | |   **\*This document is intended to be completed by the student AND teacher together. However, the responsibility falls to schools to ensure accurate completion.** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Assessment Reports** | | | | | |  |  | | Teachers: 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 along with any suggestions or summary points you feel appropriate. | | | | | |  |  | |  | Achievement/Academics |  | Assistive Technology |  | Behavior Intervention Plan (BIP) |  |  | |  | Behavior Accommodations |  | Career/Vocational Assessment |  | Classroom Observations |  |  | |  | Communication |  | Community-Based Assessment |  | Language/Proficiency |  |  | |  | Medical/Physical/Health Plan |  | Neuropsychological Assessment |  | Psychological/Cognitive |  |  | |  | Reading Assessment |  | Response to Intervention (RtI) |  | Self Determination |  |  | |  | Social/Interpersonal Skills |  | Functional Behavior Analysis (FBA) |  | ACT/Aspire/Work Keys |  |  | |  | | | | | |  |  | | Other *(specify)*: | | | | | |  |  | |  | | | | | |  |  |  |  |  |  | | --- | --- | --- | | **Measurable Postsecondary Goals**  (suggestions for accommodations, adaptive devices, assistive technology, compensatory strategies, and/or support services to enhance access in post-school environments can be listed here) | | | | **Education/Training:** | **Employment:** | **Independent Living:** |  |  |  |  |  | | --- | --- | --- | --- | | **Functional Performance – how your overall disability affects the things you do on a day to day basis. (þ that apply)**  **(grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?** | | | | | Learning Skills  Attention and Organization  Career/Vocational/Employment  General Ability and Problem-Solving | Social Skills and Behavior  Independent Living  Environmental Access and Mobility  Self-Determination/Self | | Communication  Time Management/Study Skills  Self-Advocacy | | **For the boxes checked, describe the skills you have and how your disability impacts you in this area.** | | **Accommodations/Modifications, Services, and Assistive Technology**  What assistive technology works best for you? Explain.  What accommodations and/or modifications do you use? Explain.  (can include what was tried and hasn’t worked too; if relevant) | | |  | |  | | |
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| **Summary of Academic Achievement – how you score on testing. (þ that apply)** | |
| English/Language Arts  Reading  Writing  Speaking & Listening  Language | Math (current score and test used)  Number & Quantity  Algebra  Geometry  Statistics & Probability  Functions |
| **Accommodations/Modifications, Services, and Assistive Technology**  What assistive technology works best for you? Explain.  What accommodations and/or modifications do you use? Explain.  (can include what was tried and hasn’t worked too; if relevant) | |
| English/Language Arts | Math |
| Did you receive accommodations on standardized tests (Statewide Testing, ACT, MAPS, etc.)?  Yes  No  If yes, describe the accommodation provided: | |

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| **Next Steps and Contacts**  **What are your needs as you leave high school and begin further learning, working and living?** (to include things like OT/PT/Speech) | |
| Action Steps | Contact Information |
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| **IEP Team Input and Contact Information** (may attach separate documentation for any additional information thought to be required for postsecondary success) | |
| Family (contact information) | Teacher/School (contact information) |
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This was a collaborative effort of both the special education teacher and student. We verify that both parties had equal input into this Summary of Performance document. Signature (student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (teacher): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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