

Summary of Performance (SOP)

Continuation of the Transition Plan and IEP for Graduating Seniors

Please attach the SOP to the Transition Plan/IEP and turn in to County Office. Also, be sure to complete the senior exit form and turn in to your department head.

Student's Name _____

Date _____

I. Review and Revise Performance Levels and Identify Accommodations Needed:

The committee has reviewed and updated the student's academic and functional performance levels as well as the modifications and accommodations needed to meet the student's needs in these areas (please check as the IEP is reviewed and updated):

___ math ___ reading ___ writing ___ communication ___ social skills

II. Review and Revise Postsecondary Outcome Goals and Activities to meet the goals:

The committee has reviewed and updated the student's desired post-secondary outcome goals in the following areas (please check as the Transition Plan is reviewed and updated):

Postsecondary education/training _____ Employment _____ Independent Living _____

III. Student Perspective

A. How does your disability affect your schoolwork and school activities? (Think about grades, relationships, assignments, tests, communication, extra-curricular activities.)

B. In the past, what supports have been tried by teachers to assist you in being successful in school?

C. Which of these accommodations and supports worked best for you? Why did they work?

D. What strengths should others know about you as you begin college or work?

E. What has been most difficult for you in school?

IV. Recommendations to Assist Student in Meeting Postsecondary Outcomes

What are the recommended accommodations, modifications, assistive technology, or general areas of need? If none are needed, must explain why not.

Higher Education or Career Technical Education:	
Employment:	
Independent Living:	
Community Participation:	

V. Please discuss the following documentations with the student. Identify those of which the student needs to obtain copies and where to locate the documentations. Place a “√” or an “NA” beside each document as you discuss them:

- | | | |
|---|---|---|
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Response to Intervention | <input type="checkbox"/> Medical/Physical |
| <input type="checkbox"/> Reading Assessment | <input type="checkbox"/> GHSGT Results | <input type="checkbox"/> EOCT Results |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Behavioral Analysis | <input type="checkbox"/> CBVI Resume |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Career Assessment | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transition Checklist | <input type="checkbox"/> Self Determination | <input type="checkbox"/> OT/PT Plan |
| <input type="checkbox"/> IEP/Transition Plan | <input type="checkbox"/> Other: _____ | |

VI. Identify and List Service Providers, Agencies and/or Colleges that the student may need to contact to assist with his/her transition beyond high school: