

Summary of My Performance

Section I: Background Information		
Name:	Date:	
Date of Birth:	Year of Graduation/Exit:	Email:
Street Address:		
City/State/Zip:		
Home Telephone:	Cell Phone:	
Primary disability:	Secondary disability, if applicable:	
Section II: Perception Of My Disability		
Strengths:		
Interests/ Preferences:		
Challenges:		
My Disability Impact on Learning and/or Mobility:		
Supports and Accommodations <i>What Works:</i>	Setting: <input type="checkbox"/> Distraction-free <input type="checkbox"/> Adaptive furniture <input type="checkbox"/> Special lighting <input type="checkbox"/> Other:	
	Timing/Scheduling: <input type="checkbox"/> Extra time to complete assignments <input type="checkbox"/> Frequent breaks <input type="checkbox"/> Flexible schedule <input type="checkbox"/> Other:	
	Response: <input type="checkbox"/> Assistive technology <input type="checkbox"/> Braille <input type="checkbox"/> Colored Overlays <input type="checkbox"/> Dictate words to scribe <input type="checkbox"/> Word processor/computer <input type="checkbox"/> Tape responses <input type="checkbox"/> Other:	
	Presentation: <input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> Assistive devices <input type="checkbox"/> Magnifier <input type="checkbox"/> Read or sign items <input type="checkbox"/> Use of calculator <input type="checkbox"/> Shortened instructions <input type="checkbox"/> Re-read directions <input type="checkbox"/> Visual schedule <input type="checkbox"/> Use of assignment/notebook/organizer <input type="checkbox"/> Other:	
What Doesn't Work:		

Section III: My Post-School Goals																			
Living	My Goal:																		
	Accommodations and/or Supports, including Adult Agencies That May Help in Achieving Goal:																		
Learning	My Goal:																		
	Accommodations and/or Supports, including Adult Agencies That May Help in Achieving Goal:																		
Working	My Goal:																		
	Accommodations and/or Supports, including Adult Agencies That May Help in Achieving Goal:																		
Section IV: Summary of My Present Level of Academic Achievement and Functional Performance (consider transcripts, attach IEP, and other appropriate assessments)																			
I have accomplished the following academic achievements:																			
I have accomplished the following in the area of functional achievements:																			
There are numerous assessment reports that help identify my achievements and support the documentation of my disability and assist in planning for my post-school education or work. Please attach the most recent WAIS, Woodcock-Johnson (if conducted) or appropriate assessments. <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Psychological/cognitive</td> <td><input type="checkbox"/> Response to Intervention (RTI)</td> <td><input type="checkbox"/> Reading assessments</td> </tr> <tr> <td><input type="checkbox"/> Neuropsychological</td> <td><input type="checkbox"/> Language proficiency assessments</td> <td><input type="checkbox"/> Medical/physical</td> </tr> <tr> <td><input type="checkbox"/> Achievement/academics</td> <td><input type="checkbox"/> Communication</td> <td><input type="checkbox"/> Adaptive behavior</td> </tr> <tr> <td><input type="checkbox"/> Behavioral analysis</td> <td><input type="checkbox"/> Social/interpersonal skills</td> <td><input type="checkbox"/> Assistive technology</td> </tr> <tr> <td><input type="checkbox"/> Self-determination</td> <td><input type="checkbox"/> Community-based assessment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Career/vocational/transition assessments</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>		<input type="checkbox"/> Psychological/cognitive	<input type="checkbox"/> Response to Intervention (RTI)	<input type="checkbox"/> Reading assessments	<input type="checkbox"/> Neuropsychological	<input type="checkbox"/> Language proficiency assessments	<input type="checkbox"/> Medical/physical	<input type="checkbox"/> Achievement/academics	<input type="checkbox"/> Communication	<input type="checkbox"/> Adaptive behavior	<input type="checkbox"/> Behavioral analysis	<input type="checkbox"/> Social/interpersonal skills	<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Self-determination	<input type="checkbox"/> Community-based assessment		<input type="checkbox"/> Career/vocational/transition assessments	<input type="checkbox"/> Other:	
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Section V: Important People or Agencies Who May Help Me Achieve My Post-school Goals																			
<input type="checkbox"/> Vocational Rehabilitation Services (phone number) : _____ <input type="checkbox"/> College/University Support Services (phone number): _____ <input type="checkbox"/> Bureau of Developmental Disabilities: (phone number) : _____ <input type="checkbox"/> Adult agency provider (name/number): _____ <input type="checkbox"/> Other: _____																			

Student Signature:

Teacher of Record Signature: