

North Central Kansas Special Education Cooperative Summary of Performance

Student Name _____		Date of Birth _____	
Primary Disability: _____		Secondary Disability (if Applicable) _____	
Date of Diagnosis of Disability _____		Date of Most recent IEP: _____	Re-Eval: _____
Current School: _____		Address: _____ Ph: _____	
Date of Exit _____			
Exit Reason: ___ diploma ___ max. age ___ certificate of attendance ___ alternate diploma ___ drop-out ___ other (specify)			
*Please attach the most recent copy of any assessment reports diagnose and clearly identify the student's disability or functional limitations and/or that will assist in postsecondary planning.			

The **Summary of Performance** is a two part document that provides current and relevant information about the student by describing the student's academic achievement and functional performance. The first part is the **Present Level of Performance**, which is based on age-appropriate assessments. The **Recommendations to Assist the Student in Meeting Postsecondary Goals** identifies needs, agencies and supports needed to assist the student in meeting their desired postsecondary goals.

Postsecondary Goal(s)	
GOAL(S): Identify the Student's Specific Post-secondary Goal(s)	Needed Assistance, Supports, Programs and/or Accommodations and AT
*If employment is the primary goal list the top three job interests	

Present Level of Performance - Academic Achievement				Review Date:
Subject	Grade Level, Standard Score, etc	Strengths	Needs	<u>Essential</u> Accommodations/Modifications: Supports, or AT used in H. S.
Reading				
Math				
Writing				
Learning Style				
Other				

Present Level of Performance – Functional Performance			Review Date:
Functional Area	Strengths	Needs	Other Pertinent Information
General Ability and Problem Solving			
Attention and Organization			
Communication			
Social Skills and Behavior			
Independent Living Skills			
Self-Advocacy Skills			
Career/Vocational			
Additional Functional Performance Areas			

**RECOMMENDATIONS TO ASSIST THE STUDENT IN MEETING
POSTSECONDARY GOALS**

Areas:	Suggestions for accommodation, adaptive devices, assistive services, compensatory strategies, and/or collateral support services to enhance access in the following post-high school environments (only complete those relevant to the student’s postsecondary goals).
Higher Education or Career-Technical Education:	
Employment:	
Independent Living:	
Community Participation:	

Additional information about the student’s strengths, interests, preferences, or needs to make a successful transition to postsecondary services, e.g.:

POSTSECONDARY COMMUNITY AGENCY CONTACTS AND SUPPORTS - Contact Information – for Adult daily living, independent living, financial assistance, employment, transportation, etc.			
Agency – community or local resource the student is likely to contact	Person(s) to Contact – name and or title of person student could contact	Services Provided – services the agency might provide after graduation	Contact Information – phone number, address, e-mail
High School (Former)			
Health and Family Services			
Employment Agency			
Independent Living Agency			
Institute of Higher Education			
Other (specify):			
Other (specify):			
Other (specify):			

I have participated in the development in this and Summary of Performance reviewed its contents.

Student Signature: _____ Date: _____

Others involved in the development of the development of this Summary of Performance:

Name:	Title: