

Date: _____

Dear Student:

You are leaving high school and attached to this letter is a copy of your Summary of Performance. This is a summary your work and the supports you received in high school. Attached to the Summary of Performance are copies of your records and tests. These papers are VERY IMPORTANT! Don't throw them away. Keep them in a safe place. These papers prove you received special education services while you were in high school. This means you might have had extra help in a resource room or other services to help you learn.

If you plan to go to college or another school and you need extra help through the Disability Support Office, these papers can help you and others decide what type of help or accommodations will be best for you.

If you are going to get a job, you may be working with a counselor or agency (like the Office of Rehabilitation Services, or ORS). This agency may help you find a job and be successful on the job. These papers can help you and your counselor get the accommodations you need at work.

If you lose these papers, you can try to get another copy from your school district. If you are not able to get another copy, you may have to take some tests again to get the help or services you need. Now that you are out of high school, you might have to pay for the tests and they can be expensive.

These papers can be VERY IMPORTANT to you in the future so, **KEEP THIS PACKET IN A SAFE PLACE.**

Good Luck to you in the future!!

Sincerely,

General Information

Date: _____

Student Name: _____ Date of Birth: _____ Year of Graduation/Exit: _____

Address: _____
 (Street) (City, State) (Zip code)

Telephone Number: _____ Email address: _____

Current School: _____ District: _____

Case Manager: _____ Title: _____

E-mail: _____ Telephone Number: _____

Student's primary qualifying condition (Diagnosis): _____
Include the diagnosis that qualified the student for services under IDEA

Student's secondary qualifying condition (Diagnosis), if applicable: _____

Members of the Team contributing information:

Name / Title:	Name / Title:
_____	_____
_____	_____
_____	_____
_____	_____

Accommodations that were Effective in High School List ALL accommodations, including those for academics, mobility, technology, communication, organization, self-care, etc.	Reason Needed
/	

Documentation

The following documents provide information on the student's eligibility for special education and related services that may communicate eligibility to adult service and post secondary education service providers. Attach the most recent evaluations with the date listed. Include the most recent Special Education Evaluation Team Summary for the student's evaluation or re-evaluation.

All documents must be attached.

(Date)

- | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Special Education Evaluation Team Summary (most recent) | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Educational Evaluation | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Response to Intervention | <input type="checkbox"/> English Proficiency Assessments |
| <input type="checkbox"/> Reading assessments | <input type="checkbox"/> Communication -Hearing |
| <input type="checkbox"/> Communication - Spch / Lang. | <input type="checkbox"/> Behavioral/Adaptive behavior |
| <input type="checkbox"/> Medical/physical | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Assistive technology | <input type="checkbox"/> Informal assessment/Other: |
| <input type="checkbox"/> Community-based assessment(s) | <input type="checkbox"/> Career/vocational Assessment |
| <input type="checkbox"/> Transition assessment | <input type="checkbox"/> Most recent IEP |
| <input type="checkbox"/> Work Site Evaluation(s) | |

Other Pertinent Information

Please check off other high school information and records that are available on this Student and attach if available.

(Date)

- | | |
|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> High School Transcripts | <input type="checkbox"/> SAT Scores |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> State Assessment Scores |
| <input type="checkbox"/> Career Guidance Information | |

Students/Families - Please note: This Summary of Performance and copies of all other documents will be kept on file in the school district for 5 years. To obtain copies, please contact:

Name: _____ Title: _____

Address: _____

Phone: _____ E-Mail _____

Check off the areas below where the student's disability may have an impact on their post-secondary goals in any transition area. A check indicates an area where the student might have a need for continued services, support or accommodations.

Areas to Consider:

Academic	<p><input type="checkbox"/> Reading Basic reading, decoding, comprehension, speed</p> <p><input type="checkbox"/> Math – Calculation, problem solving, quantitative reasoning</p> <p><input type="checkbox"/> Language – Written expression, speaking, spelling</p> <p><input type="checkbox"/> Learning Skills Class participation, note taking, keyboarding, organization, homework, time management, study skills, test-taking skills</p>
Cognitive	<p><input type="checkbox"/> General Ability and Problem Solving – Reasoning and processing</p> <p><input type="checkbox"/> Attention and Executive Functioning – Energy level, sustained attention, memory, processing speed, impulse control, activity level</p> <p><input type="checkbox"/> Communication – speech and language, assisted communication</p>
Social/Emotional & Independent Living	<p><input type="checkbox"/> Social Skills and Behavior Interactions with teachers/ peers, level of initiation in asking for assistance, confidence and persistence as a learner</p> <p><input type="checkbox"/> Independent Living Skills – Self-care, leisure skills, personal safety, transportation, banking, budgeting</p> <p><input type="checkbox"/> Environmental Access and Mobility – Assistive Technology, mobility, transportation</p> <p><input type="checkbox"/> Self-Determination / Self Advocacy – Ability to identify and articulate goals, understand learning strengths and needs, seek assistance when necessary</p>

The following pages describe specifically where the student's needs align with their transition goals in post-secondary education & training, employment and independent living & community participation. Please list the student's transition goal in each area and complete the required information.

Transition Area: - Post-Secondary Education/Training

Student's Goal:

Check areas related to the student's disability that could affect the student's success in post-secondary education or training. Then describe the student's Present Level of Performance in this area and Accommodations and Supports they might need in order to achieve their post-secondary goal. It is important to be precise in the descriptions in order for student to access the accommodations they will need in post-secondary education and training. Please attach additional pages if necessary.

- | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Academic</u>
Reading _____
Math _____
Language _____
Learning Skills _____ | <u>Cognitive</u>
General Ability and Problem Solving _____
Attention/ Executive Functioning _____
Communication _____ | <u>Social/Emot'l & Ind Living</u>
Social Skills and Behavior _____
Independent Living Skills _____
Environmental Access/Mobility _____
Self-Determination/Self Advocacy _____ |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Area	Present Level of Performance	Recommended Accommodations

Possible Agencies to Assist (College/University Disability Support Office, Office of Rehabilitation Services, MHRH, etc)

Transition Area: - Employment

Student's Goal:

Check areas related to the student's disability that could affect the student's success in employment. Then describe the student's Present Level of Performance in this area and Accommodations and Supports they might need in order to achieve their employment goal. It is important to be precise in the descriptions in order for student to access the accommodations they will need in employment. Please attach additional pages if necessary.

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|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Academic</u></p> <p>____ Reading</p> <p>____ Math</p> <p>____ Language</p> <p>____ Learning Skills</p> | <p><u>Cognitive</u></p> <p>____ General Ability and Problem Solving</p> <p>____ Attention/ Executive Functioning</p> <p>____ Communication</p> | <p><u>Social/Emot'l & Ind Living</u></p> <p>____ Social Skills and Behavior</p> <p>____ Independent Living Skills</p> <p>____ Environmental Access/Mobility</p> <p>____ Self-Determination/Self Advocacy</p> |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Area	Present Level of Performance	Recommended Accommodations
	4	

Possible Agencies to Assist (College/University Disability Support Office, Office of Rehabilitation Services, MHRH, etc)

Transition Area: - Independent Living/Community Participation

Student's Goal:

Check areas related to the student's disability that could affect the student's success in independent living and community participation. Then describe the student's Present Level of Performance in this area and Accommodations and Supports they might need in order to achieve goals. It is important to be precise in the descriptions in order for student to access the accommodations they will need in independent living and community participation. Please attach additional pages if necessary.

- | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Academic</u>
Reading _____
Math _____
Language _____
Learning Skills _____ | <u>Cognitive</u>
General Ability and Problem Solving _____
Attention/ Executive Functioning _____
Communication _____ | <u>Social/Emot'l & Ind Living</u>
Social Skills and Behavior _____
Independent Living Skills _____
Environmental Access/Mobility _____
Self-Determination/Self Advocacy _____ |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Area	Present Level of Performance	Recommended Accommodations
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Possible Agencies to Assist (College/University Disability Support Office, Office of Rehabilitation Services, MHRH, etc)