|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **STUDENT NAME:** | | | **DATE:** |
| **PARENT/GUARDIAN NAME:** | | | |
| **SCHOOL DISTRICT:** | | **SCHOOL:** | |
| **DOB:** | **AGE:** | **DISABILITY:** | |
|  | | | |

A summary of performance (SOP) is for a student whose eligibility ends due to graduation, or due to exceeding the age of eligibility for a free appropriate public education, a school district shall provide the student with a summary of the student's academic achievement and functional performance, which shall include recommendations on how to assist the student in meeting the student's postsecondary goals.

The SOP is a final snapshot of the child in Special Education. It should include up-to-date information on skills and needs, useful strategies, helpful accommodations, needed connections, etc., which are most relevant to attaining postsecondary goals. It should assist the student and family in understanding their next steps. The SOP document can provide helpful, even crucial information to future service providers. Depending on the student and his/her goals, this could be a VR counselor, a Postsecondary Disability Coordinator, an employer, an Independent Living Specialist, a Community Support Provider, a job coach, or another transition service provider.  Based on your knowledge of the student and where that student is headed, what are the most important tips that you can share with the next support system to foster success?

**Part 1: Person Completing the Form (optional):**

Staff Person

Person/Relationship

Phone Number

**Part 2: Student’s Measurable Postsecondary Goals Required (as indicated on the student’s IEP):**

Employment:

Education/Training:

Independent Living (where appropriate):

**Part 3: Summary of Performance (required):** Based on most recent assessments and tied to the student’s postsecondary goals. **For each applicable area**, include a brief current Present Level of Performance (strengths & needs), and other pertinent information that may help future service providers. If not applicable, please note.

| **Academic** | **Present Level of Performance (strengths and needs when exiting)** | **Accommodations used or recommendations** |
| --- | --- | --- |
| **Reading** (basic reading, decoding, comprehension, reading speed) |  |  |
| **Math** (calculation, reasoning, speed) |  |  |
| **Written Language** (written expression, skills in  composition, speed) |  |  |
| **Learning Skills** (class participation, note taking, keyboarding, organization,  test taking, study skills) |  |  |
| **Functional Area** | **Present Level of Performance (strengths and needs when exiting)** | **Accommodations Used or Recommendations** |
| **Self-Advocacy Skills** |  |  |
| **Communication** |  |  |
| **Independent Living Skills** |  |  |
| **Career/Vocational** |  |  |
| **Social Skills and Behavior** (interactions with teachers and/or peers, level of initiation in asking for assistance, confidence and persistence as a learner) |  |  |
| **Problem Solving** |  |  |
| **Organizational and Attention** |  |  |
| **Medical Concerns** |  |  |
| **Other** |  |  |

**Part 4: Recommendations to Assist Student in Meeting Postsecondary Outcomes (Required)**

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

|  |  |
| --- | --- |
| **Post-Secondary Goals** | **Recommendations** |
| **Higher Education or Career**  **Technical Education:** |  |
| **Employment:** |  |
| **Independent Living:** |  |
| **Community Participation:** |  |

**Part 5: Student Input (optional):** This should be completed by the student or with the assistance of another adult.

1. How does your disability affect you in a school/work environment? What are your strengths in a school/work environment?
2. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?
3. Identify and list the accommodations and supports that (e.g. pacing, extra time, visual supports, adaptive equipment) help you succeed in school.
4. What adult agency(ies) or provider(s) are you already linked with (Vocational Rehabilitation, Disability Coordinator, Community Support Provider, etc…)?