

# Student & Teacher Collaborative: Summary of Performance

[Year]

Student Name: \_\_\_\_\_

**\*This document is intended to be completed by the student AND teacher together. However, the responsibility falls to schools to ensure accurate completion.**

Student Information		
Address: _____	School District: _____	High School: _____
Date of Birth: _____	Cell Phone: _____	Home Phone: _____
Year of Graduation/Exit: _____	Primary Disability: _____	Secondary Disability: _____
Strengths: _____		

Assessment Reports		
Teachers: Check and attach the most recent copy of assessment reports that clearly identifies the student's disability or functional limitations and that will assist in postsecondary planning along with any suggestions or summary points you feel appropriate.		
<input type="checkbox"/> Achievement/Academics	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Behavior Intervention Plan (BIP)
<input type="checkbox"/> Behavior Accommodations	<input type="checkbox"/> Career/Vocational Assessment	<input type="checkbox"/> Classroom Observations
<input type="checkbox"/> Communication	<input type="checkbox"/> Community-Based Assessment	<input type="checkbox"/> Language/Proficiency
<input type="checkbox"/> Medical/Physical/Health Plan	<input type="checkbox"/> Neuropsychological Assessment	<input type="checkbox"/> Psychological/Cognitive
<input type="checkbox"/> Reading Assessment	<input type="checkbox"/> Response to Intervention (Rtl)	<input type="checkbox"/> Self Determination
<input type="checkbox"/> Social/Interpersonal Skills	<input type="checkbox"/> Functional Behavior Analysis (FBA)	<input type="checkbox"/> ACT/Aspire/Work Keys
<input type="checkbox"/> Other (specify): _____		

Measurable Postsecondary Goals		
(suggestions for accommodations, adaptive devices, assistive technology, compensatory strategies, and/or support services to enhance access in post-school environments can be listed here)		
Education/Training: _____	Employment: _____	Independent Living: _____

Functional Performance – how your overall disability affects the things you do on a day to day basis. (☑ that apply) (grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?		
<input type="checkbox"/> Learning Skills	<input type="checkbox"/> Social Skills and Behavior	<input type="checkbox"/> Communication
<input type="checkbox"/> Attention and Organization	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Time Management/Study Skills
<input type="checkbox"/> Career/Vocational/Employment	<input type="checkbox"/> Environmental Access and Mobility	<input type="checkbox"/> Self-Advocacy
<input type="checkbox"/> General Ability and Problem-Solving	<input type="checkbox"/> Self-Determination/Self	
<b>For the boxes checked, describe the skills you have and how your disability impacts you in this area.</b>	<b>Accommodations/Modifications, Services, and Assistive Technology</b>	
	What assistive technology works best for you? Explain.	
	What accommodations and/or modifications do you use? Explain. (can include what was tried and hasn't worked too; if relevant)	

# Student & Teacher Collaborative: Summary of Performance

[Year]

Student Name: \_\_\_\_\_

Summary of Academic Achievement – how you score on testing. ( <input checked="" type="checkbox"/> that apply)	
<b>English/Language Arts</b> <input type="checkbox"/> Reading _____ <input type="checkbox"/> Writing _____ <input type="checkbox"/> Speaking & Listening _____ <input type="checkbox"/> Language _____	<b>Math (current score and test used)</b> <input type="checkbox"/> Number & Quantity _____ <input type="checkbox"/> Algebra _____ <input type="checkbox"/> Geometry _____ <input type="checkbox"/> Statistics & Probability _____ <input type="checkbox"/> Functions _____
<b>Accommodations/Modifications, Services, and Assistive Technology</b> What assistive technology works best for you? Explain. What accommodations and/or modifications do you use? Explain. (can include what was tried and hasn't worked too, if relevant)	
English/Language Arts	Math
Did you receive accommodations on standardized tests (Statewide Testing, ACT, MAPS, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the accommodation provided:	

Next Steps and Contacts What are your needs as you leave high school and begin further learning, working and living? (to include things like OT/PT/Speech)	
Action Steps	Contact Information

IEP Team Input and Contact Information (may attach separate documentation for any additional information thought to be required for postsecondary success)	
Family (contact information)	Teacher/School (contact information)

This was a collaborative effort of both the special education teacher and student. We verify that both parties had equal input into this Summary of Performance document. Signature (student): \_\_\_\_\_

Signature (teacher): \_\_\_\_\_