Summary of Performance (SOP) (Example)

**Part 1: Student Information:**

Student Name: Date of Birth: Gender: \_\_\_ Age: \_\_\_\_\_\_\_

Permanent Address: Permanent Phone Number: \_\_\_\_\_\_\_\_\_\_

Name/Relationship of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Primary Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Secondary Disability, if applicable: \_\_\_\_\_\_\_\_\_

Date of Most Recent IEP: \_\_\_\_\_\_\_\_\_\_\_Date of Graduation/Exit: \_\_\_\_\_\_\_\_\_

Date this SOP was completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Student’s Measurable Postsecondary Goals:**

Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Independent Living: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Summary of Performance:** (Based on previous assessment and tied to student’s postsecondary goals.)

**A. ACADEMIC ACHIEVEMENT -** For each applicable content area, include a brief Present Level of Performance

(grade level, strengths, needs), and then indicate any essential accommodations, modifications, or assistive technology

utilized in high school.

**Reading** –

**Math** –

**Writing** –

**Learning Styles/Other** –

**B. FUNCTIONAL PERFORMANCE -** For each applicable area, include a brief Present Level of Performance

(strengths and needs), and other pertinent information that may help future service providers.

**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** –

**Part 4: Recommendations to Assist the Student in Achieving Measurable Postsecondary Goals:**

**Employment:**

Recommendations:

1.

2.

3.

**Education/Training:**

Recommendations:

1.

2.

3.

**Independent Living (where appropriate):**

Recommendations:

1.

2.

3.

4.

5.

**Part 5: Student Input** (Best Practice)

A. What supports or accommodations have helped you to succeed in school? (aids, adaptive equipment, other services)

B. What supports or accommodations do you feel you will need to continue for you to achieve your postsecondary goals?

C. If you believe that you will need services, supports, programs, and/or accommodations:

Are you linked with the appropriate post-school supports or program?

1421Will you need help to obtain any needed post-school services, supports, program, and/or accommodation?