**Public School Summary of Performance Report**

TO: My Postsecondary Service Provider

FROM: (Student’s name)

DATE: (Date of Student’s High School Graduation)

SUBJECT: My Public School Summary of Performance Report

Attached you will find my public school Summary of Performance (SOP). I developed this summary with input from my family and other public school professionals. It contains the following sections:

1. My postschool vision and goals
2. My perceptions of my disability, supports that work best for me, and accommodations that must be addressed in post-school settings
3. Recommendations for supports and accommodations from previous (k-12) school professionals
4. A summary of my academic achievement and functional performance in my (k-12) school settings

Each section contains information that is important for my success in postsecondary settings. Please review the information carefully. I will be happy to schedule a time to visit with you about any of the information in my SOP. If necessary, I can bring a personally chosen advocate to help explain specific assessment information.

Thank you for your time.

My contact information follows:

Student Name

Student Address

City, State, Zip

Home phone:

Cell phone:

E-mail address:

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| **Section 1 A**  **My Postschool Vision and Goals for ONE YEAR AFTER GRADUATION** | |
| Living | Vision: |
| Goal: |
| Learning | Vision: |
| Goal: |
| Working | Vision: |
| Goal: |
| Community  Involvement | Vision: |
| Goal: |

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| **Section 1 B**  **My Postschool Vision and Goals for FIVE YEARS AFTER GRADUATION** | |
| Living | Vision: |
| Goal: |
| Learning | Vision: |
| Goal: |
| Working | Vision: |
| Goal: |
| Community  Involvement | Vision: |
| Goal: |

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| **Section 2**  **My Perceptions of my Disability** | | | |
| Describing My Challenges: | My primary disability is: | | |
| My secondary disability is: | | |
| My Disability’s Impact: | On my school work such as assignments, projects, time on tests, grades: | | |
| On school activities: | | |
| On my mobility: | | |
| On extra-curricular activities | | |
| Supports | What works best, such as aids, adaptive equipment, or other services: | | |
| What does not work best: | | |
| Needed  Accommodations | Setting: (distraction-free, special lighting, adaptive furniture) | | |
| Timing/Scheduling: (flexible schedule, several sessions, frequent breaks) | | |
| Response: (assistive technology, mark in booklet, Brailler, colored overlays, dictate words to scribe, word processor, tape responses, etc.) | | |
| Presentation: (large print, Braille, assistive devices, magnifier, read or sign items, calculator, re-read directions, etc.) | | |
| **Section 3**  **Recommendations for Supports and Accommodations from School Professionals** | | | |
| Disability Impact Summary on Academic and Functional Performance | Area of Functioning | Disability Impact | |
| General Ability and Problem Solving |  | |
| Academics |  | |
| Learning Skills |  | |
| Communications |  | |
| Social Skills and Behavior |  | |
| Mobility |  | |
| Independent Living Skills |  | |
| Self-Determination Skills |  | |
| Career/Vocational Training |  | |
| Summary of Accommodations and Supports used in Public School Setting | Accommodation Type | Description of Support | Outcome |
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| **Section 4**  **Summary of my Academic Achievements and Functional Performance in my k-12 Settings**  **(Latest written copy of each type of assessment attached)** | | | |
| Documentation of  My Disability: | Type of Documentation | Assessment Name | Dates Administered |
| Psychological/Cognitive |  |  |
| Neuropsychological |  |  |
| Medical/Physical |  |  |
| Communication |  |  |
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| Other Assessments | Type of Documentation | Assessment Name | Dates Administered |
| Achievement/Academic |  |  |
| Adaptive Behavior |  |  |
| Social/Inter-personal |  |  |
| Communication/Speech/  Language |  |  |
| Language Proficiency |  |  |
| Response to Intervention |  |  |
| Language Proficiency |  |  |
| Reading |  |  |
| Career/Vocational/  Transition |  |  |
| Community-based assessments |  |  |
| Self-determination assessments |  |  |
| Assistive technology |  |  |
| Classroom observations |  |  |
| Other: |  |  |
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