

## Summary of My Performance

Section I: Background Information		
<b>Name:</b>	<b>Date:</b>	
<b>Date of Birth:</b>	<b>Year of Graduation/Exit:</b>	<b>Email:</b>
<b>Street Address:</b>		
<b>City/State/Zip:</b>		
<b>Home Telephone:</b>	<b>Cell Phone:</b>	
<b>Primary disability:</b>	<b>Secondary disability, if applicable:</b>	
Section II: Perception Of My Disability		
<b>Strengths:</b>		
<b>Interests/ Preferences:</b>		
<b>Challenges:</b>		
<b>My Disability Impact on Learning and/or Mobility:</b>		
<b>Supports and Accommodations What Works:</b>	<b>Setting:</b> ___ Distraction-free    ___ Adaptive furniture    ___ Special lighting    ___ Other:	
	<b>Timing/Scheduling:</b> ___ Extra time to complete assignments    ___ Frequent breaks    ___ Flexible schedule    ___ Other:	
	<b>Response:</b> ___ Assistive technology    ___ Braille    ___ Colored Overlays    ___ Dictate words to scribe ___ Word processor/computer    ___ Tape responses    ___ Other:	
	<b>Presentation:</b> ___ Large print    ___ Braille    ___ Assistive devices    ___ Magnifier    ___ Read or sign items ___ Use of calculator    ___ Shortened instructions    ___ Re-read directions    ___ Visual schedule ___ Use of assignment/notebook/organizer    ___ Other:	
<b>What Doesn't Work:</b>		

**Section III: My Post-School Goals**

<b>Living</b>	My Goal:
	Accommodations and/or Supports, including Adult Agencies That May Help in Achieving Goal:
<b>Learning</b>	My Goal:
	Accommodations and/or Supports, including Adult Agencies That May Help in Achieving Goal:
<b>Working</b>	My Goal:
	Accommodations and/or Supports, including Adult Agencies That May Help in Achieving Goal:

**Section IV: Summary of My Present Level of Academic Achievement and Functional Performance**  
(consider transcripts, attach IEP, and other appropriate assessments)

I have accomplished the following academic achievements:

I have accomplished the following in the area of functional achievements:

There are numerous assessment reports that help identify my achievements and support the documentation of my disability and assist in planning for my post-school education or work. Please attach the most recent WAIS, Woodcock-Johnson (if conducted) or appropriate assessments.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Psychological/cognitive                  | <input type="checkbox"/> Response to Intervention (RTI)   | <input type="checkbox"/> Reading assessments  |
| <input type="checkbox"/> Neuropsychological                       | <input type="checkbox"/> Language proficiency assessments | <input type="checkbox"/> Medical/physical     |
| <input type="checkbox"/> Achievement/academics                    | <input type="checkbox"/> Communication                    | <input type="checkbox"/> Adaptive behavior    |
| <input type="checkbox"/> Behavioral analysis                      | <input type="checkbox"/> Social/interpersonal skills      | <input type="checkbox"/> Assistive technology |
| <input type="checkbox"/> Self-determination                       | <input type="checkbox"/> Community-based assessment       |   |
| <input type="checkbox"/> Career/vocational/transition assessments | <input type="checkbox"/> Other:                           |   |

**Section V: Important People or Agencies Who May Help Me Achieve My Post-school Goals**

Vocational Rehabilitation Services (phone number) : \_\_\_\_\_

College/University Support Services (phone number): \_\_\_\_\_

Bureau of Developmental Disabilities: (phone number) : \_\_\_\_\_

Adult agency provider (name/number): \_\_\_\_\_

Other: \_\_\_\_\_

Student Signature:

Teacher of Record Signature: