

## SUMMARY OF PERFORMANCE

Complete the Summary of Performance (SOP) to comply with the new requirement in IDEA 2004. Subsequent to the termination of the student's eligibility due to graduation or aging out, the Summary of Performance must be provided to the student. This form must be completed in the final year prior to the student exiting high school.

Please note that although IDEA 2004 does not explicitly require a Summary of Performance for students who are leaving school before the end of their entitlement period due to graduation with a modified diploma or certificate, ISBE strongly recommends that the school districts provide a Summary of Performance for these students, as well.

**When completed, this form is to be given to the student or parent/guardian as appropriate.**

### Student Information

<b>Student's Name</b>	Use the student's legal name. Do not use nicknames or shortened versions of the name. If the student has recently changed his/her name, indicate both names and which name should be used for all files.
<b>Student's Date of Birth</b>	Use a six-digit number (month, day, year – 07/22/06)
<b>Year of High School Graduation or Exit</b>	Indicate the student's anticipated year of high school graduation or exiting from high school.
<b>Student's Address</b>	Record the student's current address.
<b>Student's Phone Number</b>	Indicate student's current home telephone number.
<b>Current School Address</b>	Enter the school's telephone number.
<b>School Telephone</b>	Enter the school's telephone number.
<b>Person Completing Form Contact Information</b>	Enter the name and title of the person completing this form. Indicate the contact information such as address and phone number.
<b>Date of Most Recent IEP</b>	Enter the date of the most recent IEP for the student.
<b>Date Summary Completed</b>	Enter the date this Summary of Performance was completed.
<b>Student's Primary and Secondary Disability</b>	Enter the student's primary disability and, if appropriate, the secondary disability. (These two sections are optional)

## **Student's Desired Post-Secondary Goals(s)**

Complete this section to identify the student's desired post-secondary goals upon completion of high school.

### **Employment Outcome**

Indicate the desired outcome expressed by the student for post-secondary employment. Include the student's post-secondary goals from the student's most current IEP.

### **Post-secondary Education and/or Training Outcomes(s)**

Indicate the desired outcome expressed by the student for post-secondary education and/or vocational training. Include the student's post-secondary goals from the student's most current IEP.

### **Independent Living Outcome, if appropriate**

Indicate the desired outcome expressed by the student for independent living arrangements upon graduation. Include the student's post-secondary goals from the student's most current IEP.

## **Summary of Student's Academic Achievement and Functional Performance**

### **Academic Reading and Math**

Summarize the student's academic achievement for reading and math. The statement may include how the student's disability has affected the student's academic achievement, the student's academic strengths, and/or current level of academic ability. The results of the student's most recent academic achievement assessments should be included. Assessments may be from psychological testing, state/district testing, and/or college entrance examinations.

### **Functional Performance**

Summarize the student's current functional performance. The statement may include how the student's disability has affected the student's functional performance and participation in daily living. The results of the student's most recent functional performance assessments should be included. Assessments are to be from the most recent functional assessment administered by school personnel or other sources.

### **Independent Living**

Summarize the student's ability to maintain independent living status. Include the results of any assessments utilized to evaluate independent living.

### **Communication Status (Written and Oral)**

Summarize the student's ability to communicate needs to others. The statement may include mode of communication, how the student's disability has affected the student's capacity to communicate and the nature of any communicative impairment. Include the results of the most recent assessments utilized to evaluate communication status.

### **Vocational & Career**

Summarize the student's vocational training and career exploration. The statement may include how the student's disability has affected the student's vocational and career expectations, the student's vocational strengths, current or past vocational training, or level of vocational ability. The results of the student's most recent vocational and career assessments should be included. Assessments may be from vocational evaluations completed by the classroom teacher, district personnel or other sources.

## **Recommendations for Post-School**

Complete this section for recommendations of modifications and accommodations to assist the student in meeting post-secondary goals.

### **Post-secondary Education or Vocational Training**

Write any recommended accommodations or modifications necessary for the student to be successful in the post-secondary educational setting or vocational training. Indicate the appropriate agency contact information.

### **Employment**

Write recommendations for accommodating the student's disability in the workplace and any modifications necessary for successful employment. Indicate the appropriate agency contact information.

### **Independent Living**

Write any recommendations for accommodating the student's disability for independent living situations and any modifications essential to be successful in an independent living environment. Indicate the appropriate agency contact information.

### **Community Participation**

Write any recommendations for accommodations or modifications the student needs to be a successful participant in the community. Indicate the appropriate agency contact information.

## **Student Perspective**

Complete this section to provide student's input. This section may be completed independently by the student or with assistance.

### **Questions 1-3**

Answer the questions thoroughly so outside agencies, post-secondary schools and/or employers understand a student's perspective of their needs.

### **Question 4**

Identify the accommodations and supports that were effective in assisting the student to participate in the educational environment and accommodating the student's disability.

### **Completed By**

Indicate who completed the Student Perspective and whether the student completed independently or with assistance.

## SUMMARY OF PERFORMANCE

**Instructions:** Complete for students leaving/exiting school. Subsequent to the termination of the student's eligibility due to graduation or aging out, the Summary of Performance must be provided to the student. This form must be completed in the final year prior to the student exiting high school.

DISTRICT NAME AND NUMBER	DISTRICT ADDRESS (Street, City, State, Zip Code)	
<b>STUDENT INFORMATION</b>		
NAME OF STUDENT (Last, First, Middle Initial)	DATE OF BIRTH	YEAR OF GRADUATION/EXIT
HOME ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE (Include Area Code)	
CURRENT SCHOOL NAME	SCHOOL TELEPHONE (Include Area Code)	
SCHOOL ADDRESS (Street, City, State, Zip Code)	PERSON(S) COMPLETING FORM	TELEPHONE (Include Area Code)
DATE OF MOST RECENT IEP	DATE SUMMARY COMPLETED	
STUDENT'S PRIMARY DISABILITY (Optional)	STUDENT'S SECONDARY DISABILITY (Optional)	

***Attach copies of most recent assessment reports that address academic, functional performance, and transition that will assist in post-secondary planning.***

### STUDENT DESIRED POST-SECONDARY GOAL(S)

**Define and project the desired post-secondary outcomes as identified by the student, parent, and other IEP team members.**

Employment Outcome:

Postsecondary Education and/or Training Outcomes:

Independent Living Outcome:

## SUMMARY OF PERFORMANCE

### SUMMARY OF STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Academic/Functional Area	Summary of Present Levels of Academic Achievement and Functional Performance	Assessment(s)
<b>Academic Reading and Math</b>  (e.g. basic skills, reading comprehension, decoding; math calculation skills, math problem solving)		
<b>Functional Performance</b>  (e.g. general ability and problem solving, attention/organization, social skills and behaviors, self advocacy)		
<b>Independent Living</b>  (e.g. self-care, transportation, life skills, personal safety)		
<b>Communication Status (Written and Oral)</b>  (e.g. speech/language, writing ability, expressive/receptive language)		
<b>Vocational &amp; Career</b>  (e.g. job training, career explorations)		

## SUMMARY OF PERFORMANCE

### RECOMMENDATIONS FOR POST-SCHOOL

Need Area	Recommended Accommodations & Modifications	Interagency, Linkages, Additional Comments
Post-Secondary Education or Vocational Training		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		E-MAIL
		WEBSITE
Employment		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		E-MAIL
		WEBSITE
Independent Living		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		E-MAIL
		WEBSITE
Community Participation		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		E-MAIL
		WEBSITE

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## SUMMARY OF PERFORMANCE (As Appropriate)

### STUDENT PERSPECTIVE

**Instructions:** This should be completed by the student or with the assistance of another adult.

1. How does your disability affect you in the work environment? What strengths do you have in the work environment?
2. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?
3. How does your disability affect your schoolwork and school activities (e.g. grades, assignments)?
4. Complete the table below by identifying the accommodations and supports that have been tried by teachers or by you (e.g. pacing, extra time, visual supports, adaptive equipment) to help you succeed in school. Please indicate whether each one was effective or not effective:

Accommodations/Supports	Effective	Not Effective

Information completed by:

Student       Parent       Teacher       Other Support Person: \_\_\_\_\_

Independently       With adult assistance

# POST-SCHOOL DATA COLLECTION SURVEY

## STUDENT DEMOGRAPHIC PROFILE

STUDENT NAME (Last, First, Middle Initial)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (mm/dd/yyyy)
STUDENT ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
PARENT/GUARDIAN NAME (Last, First, Middle Initial)	TELEPHONE (Include Area Code)	CELL (Include Area Code)
PARENT/GUARDIAN ADDRESS (Street, City, State, Zip Code)	E-MAIL	
SCHOOL GRADUATED FROM	STUDENT SIS NUMBER	
DISTRICT NAME AND NUMBER	DATE STUDENT GRADUATED OR EXITED SCHOOL	
STUDENT'S PRIMARY DISABILITY (Optional)	STUDENT'S SECONDARY DISABILITY (Optional)	

### STUDENT EXITED SCHOOL:

- With regular high school diploma
- With certificate/modified diploma
- Reached maximum age
- Dropperd out
- Unknown

### ETHNICITY OF RECORD:

- African American
- American Indian/Alaska native
- Asian or Pacific Islander
- Hispanic
- White (not Hispanic)
- None indicated

What post-school goals are included in this student's IEP for the period immediately following high school? (**CHECK ALL THAT APPLY.**)

- Attend a postsecondary school, training, or education.
- Secure employment.
- No response

## STUDENT PERMISSION

The Illinois State Board of Education is required to report to the Federal government on the post-school outcomes of students one year after they leave high school (e.g., are you employed, are you attending college, etc).

May we have your or your parents' permission to be contacted by your school district one year after you leave to ask some questions about what you are doing?

- Yes  No

Signature of Student or Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_