

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)
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STUDENT INFORMATION

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 INDIVIDUALIZED EDUCATION PROGRAM (IEP)	DATE SUMMARY COMPLETED	
STUDENT'S PRIMARY DISABILITY (Optional)	STUDENT'S SECONDARY DISABILITY (Optional)	

Attach copies of most recent assessment reports that address academic achievement, functional performance, and transition that will assist in postsecondary planning.

STUDENT'S DESIRED POSTSECONDARY

Define and project the desired postsecondary outcomes as identified by the student, parent, and other IEP team members.

Employment Outcome:

Postsecondary Education and/or Training Outcomes:

Independent Living Outcome:

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SUMMARY OF STUDENT'S ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

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

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RECOMMENDATIONS FOR POST-SCHOOL		
Need Area	Recommended Accommodations & Modifications	Interagency, Linkages, Additional Comments
Postsecondary Education or Vocational Training		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		EMAIL
		WEBSITE
Employment		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		EMAIL
		WEBSITE
Independent Living		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		EMAIL
		WEBSITE
Community Participation		AGENCY
		CONTACT PERSON
		CONTACT TELEPHONE (Include Area Code)
		ADDRESS
		EMAIL
		WEBSITE

Student Signature

Date

Signature of Person Completing Form

Title

Date

SUMMARY OF PERFORMANCE (As Appropriate)

STUDENT PERSPECTIVE

Instructions: This section 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 support 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)	EMAIL	
SCHOOL GRADUATED FROM	STUDENT INFORMATION SYSTEM (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
- Dropped 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 (ISBE) 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 the 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: _____