

SUMMARY OF PERFORMANCE

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 District Address

STUDENT INFORMATION

Student Name:	Date of Birth:	Year of Graduation/Exit:
Address:	Home Telephone:	
Current School and Address:	Person(s) Completing Form:	
School Telephone:	Contact Information:	
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.

Postsecondary Education and Training Outcomes
Employment Outcome
Independent Living Outcome, if appropriate

****Attach Student's Perspective questionnaire.***

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

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RECOMMENDATIONS FOR POST-SCHOOL		
Need Area	Recommended Accommodations & Modifications	Interagency, Linkages, Additional Comments
Post-Secondary Education or Vocational Training		Agency: Contact Person: Contact Number: Address: Email: Website:
Employment		Agency: Contact Person: Contact Number: Address: Email: Website:
Independent Living		Agency: Contact Person: Contact Number: Address: Email: Website:
Community Participation		Agency: Contact Person: Contact Number: Address: Email: Website:

STUDENT SIGNATURE _____

DATE _____

SIGNATURE & TITLE OF PERSON COMPLETING FORM _____

DATE _____

SUMMARY OF PERFORMANCE (AS APPROPRIATE)

STUDENT PERSPECTIVE

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Date of Birth:	
Student Address: Contact Telephone Number:	Parent/Guardian Name: Address: Home Telephone Number: (Cell): (E-mail):	
School Graduated From:	School District:	Student's SIS Number:
Date Student Graduated or Exited School:	Student's Primary Disability: (Optional)	Student's Secondary Disability: (Optional)
Student Exited School: <input type="checkbox"/> With regular high school diploma <input type="checkbox"/> With certificate/modified diploma <input type="checkbox"/> Reached maximum age <input type="checkbox"/> Dropped out <input type="checkbox"/> Unknown	Ethnicity of Record: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> None indicated	
What post-school goals are included in this student's IEP for the period immediately following high school? (CHECK ALL THAT APPLY) <input type="checkbox"/> Attend a postsecondary school, training, or education. <input type="checkbox"/> Secure employment. <input type="checkbox"/> No response		
STUDENT PERMISSION		
<p>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).</p> <p>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?</p> <p style="text-align: center;">_____ Yes _____ No</p> <p>Signature of student or legal guardian: _____</p> <p>Date Signed: _____</p>		