

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). This summary was jointly developed by me and other public school professionals, and 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:

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:

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:

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, Braille, 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 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		
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:		