

## SUMMARY OF PERFORMANCE

### Part 1: Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Teacher of Record: \_\_\_\_\_

Anticipated Exit Date: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

### Part 2: Student's Post Secondary Goals

*I (the student) will:*

*I (the student) will:*

*I (the student) will:*

*I (the student) will:*

*I (the student) will:*

### Part 3: The Student's Present Levels of Performance

- Academic Achievement:

## SUMMARY OF PERFORMANCE

Student Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

### Part 3: The Student's Present Levels of Performance (continued)

- Functional Performance:

### Part 4: Recommendations to Assist the Student in Meeting Post-Secondary Goals

- The following accommodations, modifications and/or assistive technology that have been most helpful to me (*the student*) are:

- *I (the student) will:*

Apply to Vocational Rehabilitation  
Continue Current Adult Services  
Make an Appointment with an Admissions Counselor at the Educational or Training Program of My Choice  
Visit a Vocational/Technical School  
Contact Military Recruiting Office  
Obtain & Complete Job Applications From Local Businesses  
Contact Local Mental Health Agency  
Obtain Local Newspapers and Scan Want Ads  
Obtain Transcript  
Arrange for Tutoring in \_\_\_\_\_

Locate someone who has a Job that I like and get Information about the Job

Other

Apply to the Bureau of Developmental Disabilities  
Contact the Work One Center  
Contact Local Public Transportation Agency

Apply for Social Security Income  
Contact Local Support Group  
Visit Bureau of Motor Vehicles  
Apply for Medicaid Waiver  
Develop Resume  
Obtain Information about Housing in my Area  
Visit a College/University

Keep my Portfolio Current

Other

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### Part 5: Recommendations to Assist the Student in Meeting Post-Secondary Goals

• **To address the following Anticipated Services:**

The following are anticipated services that will be needed to assist the student in meeting his/her post-secondary goals (*check all that apply*)

Mobility Services

Special Transportation

Technical Aid

Med Rel Service

Communication

Independent Living

Residential Living

Social Skill

Mental Health

Vocational Training

On-Going Employment

Alternative Education

Post Secondary

Rec Service

Family Services

Case Management

Vocational Education Date: \_\_\_\_\_

Vocational Ed Sign

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date