

Sample

SUMMARY of PERFORMANCE

Student's Name: _____ **Student ID #** _____

Disability:

Student's Address:

Phone Number:

School/Address:

Phone Number:

Person/Position completing this report:

Date: _____

Post-secondary Goals:

Employment:

Education/Training:

Independent Living/Community Participation:

Current Academic Achievement: (include courses of study)

Current Functional Performance:

Recommendations for achieving post-secondary goals:

Attached is a resource directory of community and adult service agencies.

To obtain a copy of transcripts, contact the school guidance office.

To obtain copies of Special Education documentation, contact the Office of Special Education, School Board Office.